フィリピン国公衆衛生プロジェクト計画打合せ調査団報告書

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公衆衛生プロジェクト
計画打合せ調査団報告書

平成6年12月

国際協力事業団
医療協力部

フィリピン国
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序　文

フィリピン公衆衛生プロジェクトは、セブ州を対象地域に、結核対策の強化を通じて公衆衛生活動のモデル作りを行い、これによって同国の公衆衛生の向上を図ることを目的として平成４年９月１日から５年間の期間で協力を開始しました。

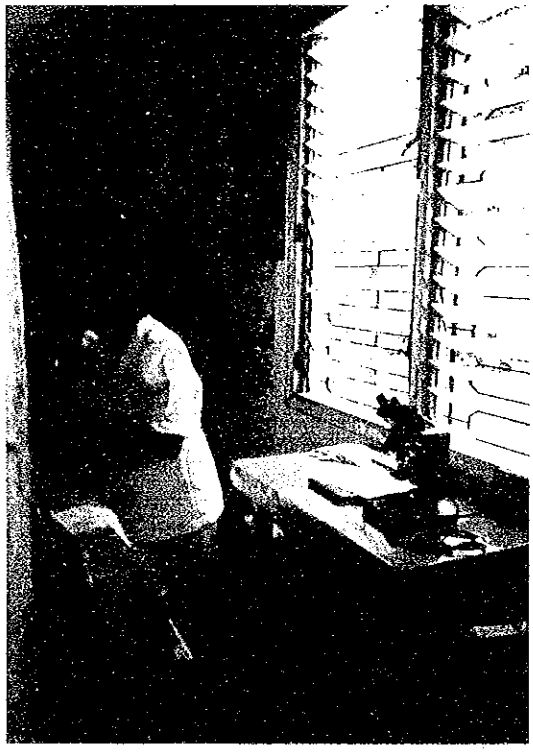
今般、開始後２年余を経過しプロジェクト実施上の中間点を迎えるに当たり、活動の進捗状況や実施上の問題点を検討し、今後の実施計画について先方実施機関の関係者と協議するため、平成６年11月２日から11月10日まで栃木県足利保健所所長 遠藤 昌一氏を団長とする計画打合せ調査団を派遣しました。本報告書は上記調査団が行った調査、協議の内容と結果を取りまとめたものです。

ここに、本調査に当たりご協力を賜りました関係各位に対し深甚なる謝意を表しますとともに、プロジェクトの効果的な実施のために今後ともご指導、ご鞭撻をお願いする次第です。

平成６年12月

国際協力事業団
医療協力部長　平良　專純

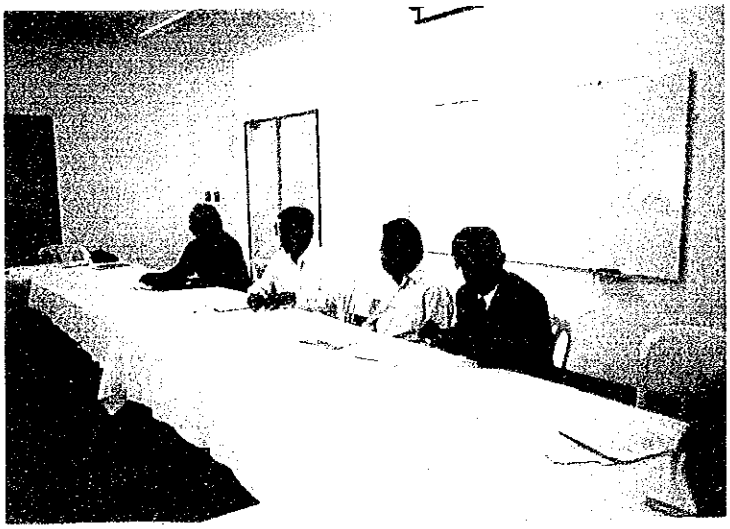
ＮＴＰ新指針試行地域の保健所の視察
(Dalaguete Health Center)



保健所内の検査室
(Dalaguete Health Center)

保健所の内部
(Dalaguete Health Center)

セブ胸部疾患センター
レファレンス・ラボラトリー外観



合同調整委員会での協議の様子
(レファレンス・ラボラトリー内講堂)

目　次

附属資料

参考資料

1．計画打合せ調査団の派遣

1－1　経緯と目的

フィリピンにおいては、政府の保健医療分野に対する取り組みにもかかわらず、依然として主要な疾病・死因のほとんどを感染症が占める状況にあった。

この状況の下、我が国は平成元年度の対フィリピン年次協議において公衆衛生プロジェクトを実施する用意がある旨表明した（オファー方式）。以後二度のコンタクトミッションの派遣を経て双方の間で協力分野の選定・絞り込みを行い、結核対策を中心とした協力の実施が最も有効であるとの結論に達した。

フィリピン側から正式要請書が提出されたのを受け、国際協力事業団は平成4年2月、プロジェクトサイトとなるセブ州の実態把握を重点目標に事前調査団を派遣した。更に同年3月末実施協議調査団を派遣、4月3日には実施に係る諸事項の協議結果を取りまとめた討議議事録（R／D）に署名を行い、平成4年9月1日から5年間の期間にて本プロジェクトを開始した。そして、協力開始後の平成4年11月プロジェクト立ち上げ状況の確認と詳細活動計画の検討のため、第一回の計画打合せ調査団を派遣した。

現在、開始後2年余を経過し、活動の各分野において進捗が見られるほか、地方分権化の進行、国家結核対策の新指針の全面的な改定等、プロジェクトを取り巻く環境にも変化が起こっている。そのため、平成6年11月2日から10日の日程で第2回の計画打合せ調査団を派遣し、進捗状況や実施の問題点を把握した上で、今後の実施計画について先方の関係者と協議を行うこととした。

1－2　調査団の構成

担当	氏名	所属
団長　総括	遠藤　昌一	栃木県足利保健所所長
団員　結核対策	森　　享	財団法人結核予防会結核研究所副所長
団員　業務調整	根本　淳子	財団法人結核予防会結核研究所職員

1－3　調査日程表

日　順	月　日	曜日	移　動　及　び　業　務
第1日	11月2日	水	移動　東京発－マニラ着（ＪＬ－７４１） 団内打合せ、須知チーフアドバイザー、寺崎調整員との打合せ
2日	11月3日	木	大使館表敬訪問 保健省訪問　次官　Dr.Roxasに面会 Tuberculosis Control Service訪問 ＪＩＣＡ事務所打合せ
3日	11月4日	金	マニラ発－セブ着（ＰＲ－８４７） Integrated Regional Field Office No.VII訪問 レファレンス・ラボラトリー及びX線室を視察し機材の設置・使用状況を調査 Cebu Integrated Provincial Health Office訪問 Mandaue City Health Office訪問 Rural Health Unit視察 Bacili Barangay Health Station視察 国家結核対策の新指針の試行状況を調査
4日	11月5日	土	団内打合せ・資料整理等
5日	11月6日	日	報告書作成準備・資料整理等
6日	11月7日	月	Cebu City Health Office訪問 強化サービス地域参加について意見を聴取 Deraguete Rural Health Unit視察 Cawayan Barangay Health Station視察 新指針の試行状況を調査 調査団長主催夕食会
7日	11月8日	火	Joint Task Force Meeting
8日	11月9日	水	合同調整委員会 ミニッツ署名 移動　セブ発－マニラ着（ＰＲ－８４２）
9日	11月10日	木	ＪＩＣＡ事務所訪問・帰国報告 移動　マニラ発－東京着（ＪＬ－７４２）

1－4　主要面談者

(1)　フィリピン側

1)　保健省（Department of Health :DOH)

Dr.Manuel.G.Roxas	Undersecretary, Public Health Services

①　結核対策課 (Tuberculosis Control Service :TBCS)

Dr.Maria C.V.Teoxon	Director,TBCS
Dr.Vivian Lofranco	Medical Specialist IV
Dr.Nora Cruz	Medical Specialist IV

②　保健省第７地方保健局 (Integrated Regional Field Office No.VII :IRFO 7)

Dr.Jose R.Rodriguez	Director III
Dr.Rucia S.Florendo	Medical Specialist IV/Provincial Coordinator
Dr.Milagros Bacus	Chief,Technical Division
Dr.Elaine R.Teleron	Regional TB Medical Coordinator
Ms.Colita Auza	Regional TB Nurse Coordinator
Dr.Enrique A.Sancho	Chief,Cebu Cest Center
Mr.Benny Loberiza	Medical Technician,Cebu Cest Center
Ms.Letica O.Canoy	Administrative Officer IV

2)　セブ州保健部(Integrated Provincial Health Office :IPHO, Cebu)

Dr.Jesus Fernandez	Provincial Health Officer II
Dr.Cristina Giango	Provincial TB Medical Coordinator
Mr.Glenn Tirad	Provincial Nurse Coordinator
Ms.Leonides Manatad	Medical Technologist

3)　セブ市保健部(Cebu City Health Office)

Dr.Tomas Fernandez	City Health Officer II

4)　地域保健施設

Dr.Oscar Quirante	City Health Officer II,Mandaue
Ms.Eden Baring	TB Nurse Coordinator,Mandaue
Ms.Nelle Perez	Medical Technologist
Dr.Jose Edgar Alonso	Municipal Health Officer,Dalaguete RHU
Ms.Rodriga Osorio	Public Health Nurse,Dalaguete RHU
Ms.Madelene Ocampo	District Supervising Public Health Nurse, Algao
Ms.Eufemia Villahermosa	Medical Technologist

(2) 日本側

1) 在フィリピン日本国大使館

依田　紀彦	一等書記官

2) ＪＩＣＡ事務所

橋本　明彦	所長
岩崎　英二	所員

3) 派遣中専門家

須知　雅史	チーフアドバイザー
寺崎　義則	業務調整

2．要約

(1) 進捗状況の概要

長期専門家の努力によって、プロジェクトチームを中心とした協力実施態勢が確立され、全般的に開始後2年間を経過した状況として順調に推移していると判断される。

特記するべきこととしては、レファレンス・ラボラトリーの整備が完了し、業務を開始したことが挙げられる。同施設は本プロジェクト活動の大きな柱の一つである結核菌検査機能の強化に重要な役割を担うもので、事前調査の段階から必要性が指摘されていた。候補地の選定や完成後の帰属について、地方自治法の影響もあり決定まで難航したが、最終的にセブ胸部疾患センターの隣接地に建設され、保健省の機関としてその管理下に置かれることとなった。

(2) 合同調整委員会での討議事項

今回で3回目を迎え、例年どおり当年度の進捗状況の報告・承認、翌年度の実施計画の検討に続いて、懸案となっている諸問題について討議を行った。この場で、平成7年4月からの強化サービス地域（Intensive Service Area：ＩＳＡ）にセブ・ダナオ両市を追加すること、国家結核対策（National Tubereculosis Program：ＮＴＰ）の新指針の試行をＩＳＡ全域に拡大すること等が決定された。

また、レファレンス・ラボラトリーの運営について意見を交換し、要員の追加等整備が遅滞している事項に関しフィリピン側に早期実施を申し入れた。

(3) 実施上の問題点

現在フィリピンではＮＴＰ指針の改定が焦点となっており、本プロジェクトでは保健省からの依頼により新指針の試行を実施している。今回、試行地域の視察や専門家・カウンターパートの活動によりまとめられた試行結果を通じ、同国のＮＴＰに関して幾つかの問題点が明らかになった。これらは今後の課題として該当の箇所に記載した。

また、地方自治法による自治体への権限委譲の動きについて、一部の分野で地方分権化の見直し(Renationalization) の動きがあり、今後も揺れ動くことが予想される。大局的には分権化が進むものと思われるが、その成り行きを見守る必要があろう（附属資料⑦参照）。

3．暫定実施計画の進捗状況

本プロジェクトは、対象地域における結核の患者発見及び治療の強化を通して、地方自治の中での公衆衛生活動のモデル的なあり方を開発することを目的としている。対象地域は、結核対策の実施指標が全国的水準と比較し低いことから、同国の保健省によってセブ州が選定された。

この目的を達成するため、R／Dのマスタープランでは下記の活動を行うこととしている。

① プライマリーヘルスケア・サービスの活用により患者発見・治療を向上させるとともに、細菌検査体制と患者教育を強化する。

② 国家結核対策の実施、特に記録・報告、監督、評価の各分野を強化する。

③ 結核対策及び関連分野における情報教育活動の強化を行う。

④ 結核対策の疫学的影響及び実施運営面での評価のため、サーベイランス体制を確立する。

⑤ 結核菌検査の精度向上のため、レファレンス検査施設機能を確立する。

⑥ 適切な計画実施の方式を定式化するため、地区を定めてオペレーショナル・リサーチを行う。

⑦ 要員や政策決定者に対する動機付け、プロジェクトの総合的評価のため各種セミナーを実施する。

⑧ 要員の技術向上のため研修を実施する。

これらの活動を実施する方法として、長期・短期専門家派遣、研修員受入れ、機材供与、現地セミナー・ワークショップの開催等を計画した。またプロジェクトの活動を協議する機関として、国内委員会及び合同調整委員会に加え、技術的な面で活動を支援するため現地と国内支援機関である結核予防会結核研究所内に各々タスクフォース委員会を設けた。

なお、本プロジェクトでは対象地域であるセブ州の中から、更に強化サービス地域（ＩＳＡ）を選定し、この地域に対し重点的に活動を行っている。現在３分の１の地域を対象とし、平成７年４月に３分の１を追加、平成８年４月に残る３分の１を加えて、最終的に全州をカバーする計画である。

以下に各活動の進捗状況の概略を延べる。

3－1　プロジェクト実施の概況

プロジェクト開始前後から現在までの主要な動きについて下記にまとめた。

平成４年度

４月　Ｒ／Ｄ署名、交換

９月　プロジェクト開始、須知チーフアドバイザー着任

10月　ＩＳＡ選定、第１回計画打合せ調査団来比

11月　州と保健省の結核調整官（TB Coordinator）により協議会を結成、第１回会議を開催

12月　ＩＳＡの郡監督保健婦（District Supervising Public Health Nurse）等によりタスク

フォースを結成、第１回会議を開催、
寺崎調整員着任

２月　第２回結核調整官協議会、第２回タスクフォース会議開催
技術交換のためタイ国プライマリーヘルスケアプロジェクトを訪問

３月　ＩＳＡの保健所医師、保健婦を対象とした現地セミナー開催
第３回結核調整官協議会、第３回タスクフォース会議開催

平成５年度

４月　基礎調査開始（～６月）

５月　社会学的調査開始（～６月）

６月　第１回合同調整委員会開催　社会学的調査開始

９月　第２回現地セミナー開催

11月　レファレンス・ラボラトリー建設工事起工式
第２回合同調整委員会開催

２月　第３回現地セミナー開催

平成６年度

８月　レファレンス・ラボラトリー開所式

９月　第４回タスクフォース会議開催

11月　第２回計画打合せ調査団来比、第３回合同調整委員会開催

３－２　強化サービス地域（ＩＳＡ）事業

現在、プロジェクト対象地域であるセブ州の全24自治体（Municipality）のうち、６郡２市をＩＳＡに選定し重点的に活動を行っている。

当初はプロジェクト開始日から２年目に当たる平成６年９月に対象地域の拡大を予定していたが、地方分権化の進展の影響等の理由により半年時期を延期し、平成７年４月から行うこととした。選定の際には、人口のほか、ＮＴＰの実施成績、地理的分布、交通の利便性等の条件を考慮し決定した。また活動開始に先立ちプロジェクトチームが各自治体の首長を訪問して参加の意志の確認を行った。

ＩＳＡに対する具体的な投入としては下記の項目を実施した。各項の詳細は関連の箇所に記述した。

①　基礎調査による、全体及び自治体個別の問題発見

②　郡監督保健婦を通じた監督の強化

③　要員の研修

④　資機材の重点的な配置

⑤　ロジスティックス支援体制

⑥　プロジェクトチームによる、現場の巡回指導

実施結果、特に患者発見・治療成績等の最終的な成果については、従来からあるＦＨＩＳＩＳ(Field Health Service Information System)により評価可能なはずであるが、処理が州政府の段階で滞っており一貫した経過が把握できず、また統計様式が未確立のため、コホート方式による治療評価等、更に妥当性の高いアウトプット指標は現在までのところ示すことができない。

ロジスティックス支援体制に関しては、短期化学療法に要する薬剤の配布を州政府から直接各保健所に行う点について、郡監督保健婦のバッファー機能による支援が提案されている。

なお、第３回合同調整委員会で検討した結果、平成７年４月よりセブ・ダナオ両市をＩＳＡに追加することを決定した。

３－３　基礎調査

協力を効果的・効率的に進めるため、現地の問題把握と関連要因の分析を目的に対象地域の基礎調査（ベースライン・サーベイ）をプロジェクト開始後早期に実施した。

(1)　調査方法

ＩＳＡ内の29保健所を対象に、国の結核対策マニュアルの履行状況を中心に地域内の一般的な要因、職員・機材の配置状況等についてチェックリストを使用し調査した。調査方法は専門家が直接現地施設を訪問して関係者への面接及び資料収集を行う方式とし、同時に州政府による業務統計等の既存資料と比較し分析した。

(2)　調査結果

各施設に共通の問題点として下記のものが挙げられた。

①　末端医療施設の業務目標は、10年以上も前の実態調査による呼吸器症状有症率から推定された有症状者数や、これを基礎とした人口当たりの喀痰検査実施件数等、妥当性に欠けた設定となっており、指導・監督もこれを基準に実施している。このため、患者発見目標の消化に多大な労力が非効率的に費やされている。

②　記録・報告の記載様式が複雑で記載内容の妥当性、信頼性にも疑問がある。

③　治療経過の記載方式が旧式で内容も不正確、特に治療成績が不明瞭である。

④　喀痰塗抹検査の精度管理については各施設間の検査技師によるクロスチェック(Validation)が行われているが、厳密性に大きな疑問がある。これは患者発見、治療成績の判定に影響する決定的な問題である。

⑤　第一線の医師・保健婦の結核対策に関する知識が不十分である。

なお、この調査成績は各自治体・施設ごとに電算化し、追加・更新し施設の活動状況に関するデータベースとして、その後も活用されている。

3－4　患者発見に関する社会学的調査

従来同国の結核患者発見は、有症状者の各戸訪問による積極的な検痰に重点が置かれてきたが、その効率には問題があり世界的にも批判が多い。プライマリーヘルスケア活動の中での患者発見の向上を目指し、住民の症状発現の時点から結核の診断に至るまでの過程について詳細に観察し、それを阻む要因について検討するため本調査を実施した。

(1)　調査方法

調査は以下の4部構成とした。立案に当たり、国内のタスクフォース委員会から技術的な指導を受け、準備・調査要員の訓練・実施監督・集計準備等については2度の短期専門家の派遣で対応した。なお下記項目①の実施についてはフィリピン大学セブ校に委託した。

①　一般住民のプライマリーヘルスケア、結核対策に関する意識調査

②　呼吸器症状有症状調査

③　結核疑い患者の検査実施状況調査

④　新登録結核患者調査

(2)　調査経過

準備、要員の訓練を経て平成5年8月に調査を開始した。ＩＳＡの6郡2市から各1保健所を抽出し（①については1郡1市のみ）郡監督保健婦を調査員をした。現在までに調査票の回収、点検、データ入力が完了し、報告書の作成に向け集計・解析を行っている。

3－5　国家結核対策新指針の試行

(1)　試行の背景

昨年、ＷＨＯ結核対策本部は主としてアフリカ等の先進的な結核対策プログラムの経験を基に、広く途上国に適用出来るよう郡レベル要員訓練モジュール（Managing Tuberculosis at District Level）を作成、公表した。フィリピン保健省はこれに倣い「国家結核対策新指針」を策定したが、これは単に要員の業務マニュアルというだけでなく同国のＮＴＰの前面改定をも意味し、同国の結核対策に画期的な変革をもたらす重大な性格を持つものといえる。

本プロジェクトは保健省からの要望により、本年6月からＩＳＡ内の2地区（Mandaue City、Dalaguete Rural Health Unit)で試行を開始した。なお、同事業を実施計画上のオペレーショナル・リサーチに変わるものと位置付けている。

試行では要員の訓練から始め、実施以後は巡回訪問と関係者の会合により評価を行い、その結果を保健省に還元している。（附属資料⑤⑥参照）

(2)　新指針の概況

ＮＴＰの新指針は「患者発見・診断指針」「治療指針」「記録・報告指針」から構成されているが、このほか別の地方で「ロジスティックス」指針が試行されている。全般的に見て優れた構成であり、ＷＨＯの原型をフィリピンの状況に適合させるべく努力し多くは成功しているが、

文書の性格が部分により教材・マニュアル的であったり規定集的であるなど、統一性や全体的な整合性を欠く箇所があり細部の調整が必要と思われる。

(3) 対象となる活動

新指針は、患者発見、治療、記録・報告について規定しているが、患者指導、薬剤管理、精度管理や監督、モニタリング、研修等に関する記述は充分とはいえない。また、医師、保健婦、検査技師等の職種別、あるいは地方（Region)－州（Province)－地方政府（Local Government)間の行政の業務分担に関する記述が、各章・節に分散しており、これらの点を整理した記述が求められる。

(4) 活動別の問題点

① 患者発見・診断

従来1回のみであった新登録患者の喀痰検査を続けて3回行うことを義務付け、X線検査所見に対する優位性及び全過程にわたる検査技師の責任を確認したことは大きな前進である。しかし、私的医療機関でX線検査を受診し活動性結核と診断された患者が保健所支所(BarangayHealth Station)で受診し菌陰性だった場合の扱い方について、新指針では記述がないが、今後患者の登録に際しては医官の面接による診断の確認と菌検査による経過観測を励行し、安直な患者の受入れを排除しなくてはならない。これを怠った場合、今回全面的に採用された短期化学療法を目当てに私的医療機関から患者が流入することが考えられる。視察のため訪問したマンダウエ市の菌陰性患者の飛躍的な増加からも、このことが懸念される。

② 治療

患者に対する治療レジメンに関しては患者の型分類が重要だが、ＷＨＯの原典を一部改変したため全体の整合性に問題が生じている。

短期化学療法を全ての患者に適用するのは途上国における結核対策の流れを逸早く政策化したこととして評価できるが、菌陰性で中程度進展以上の症例まで塗抹陽性例と同様にレジメンⅠを適用するのは過剰であり、ＷＨＯのモジュールのようにレジメンⅢで充分と思われる。肺外結核についてもレジメンⅠを適用することになっているが、髄膜炎や粟粒結核等の重篤なものに限定するべきであろう。

また、薬剤の禁忌や副作用への対応についての記述が十分ではない。全般的に薬剤量が過少であり、特にＰＺＡにその傾向が著しい。

③ 記録・報告

記録・報告活動と密接な関連を持つ監督・モニタリングに対する、国（地方保健局）、州の監督官、郡監督保健婦等の業務について記述が殆どない。

治療成績がコホート分析の様式で四半期ごとに報告されるようになったのは大きな前進であるが、報告書の作成については、州結核調整官ではなく郡監督保健婦あるいは保健所職員が行い、州監督官は作成後の点検・集約及び検討・評価を行う方が、業務量や目的から考慮

し望ましいと思われる。

(5) 成績

試行対象の２地域の背景と患者発見・治療の成績は、暫定的に下記のとおりまとめられている。

Profile of the Pilot Areas

	Mandaue City	Dalaguete RHU I
Population	183,991	29,496
No. of Barangays	27(3 Dist.)	19
No. of BHS	27	8
Manpower		
MHO	5	1
PHN	30	2
RHM	27	9
MT	7	1
RSI	-	1
BHW(Active)	72	34
TB Mortality	7th	7th
CBR	22.8	33.4
CDR	3.8	10.0
MMR	0.0	1.0
IMR	22.3	46.3
Hospital	1 Gov.(10 beds) 1 Priv.(100 beds)	2 Priv.(25 beds)

Case fiding & Treatment Activities in the Pilot Areas

(June - Oct., * June - Sept.)

	Mandaue City				Dalaguete RHU I			
	1993		1994		1993		* 1994	
Case-finding	3,190	100.0%	658	100.0%	352	100.0%	280	100.0%
No. of Exam.			559	85.0%	-		233	83.2%
3 Specimens			64	9.7%	13	3.7%	18	6.4%
Sm(+)(2+)	114	3.6%	12	1.8%	-		0	0.0%
Doubtful(1+)	-							
Treatment								
No. of Started	201	100.0%	222	100.0%	50	100.0%	32	100.0%
Sm(+)	113	56.2%	63	44.0%	22	28.4%	18	56.3%
Sm(-)	88	43.8%	159	56.0%	28	71.6%	14	43.8%
Regimen I (SCC)	126	100.0%	120	100.0%	25	100.0%	19	100.0%
Sm(+)	113	89.7%	58	88.0%	22	48.3%	17	89.5%
Sm(-)	13	10.3%	62	12.0%	3	51.7%	2	10.5%
Regimen II	-		5		-		1	
Regimen III(SR)	75		97		25		12	

3－6　専門家派遣・活動状況等

長期派遣専門家（２名）

年度	氏　名	指導科目	派遣期間	所属先
Ｈ４	須知　雅史	ﾁｰﾌｱﾄﾞﾊﾞｲｻﾞｰ/結核対策	92/09/01～95/08/31	結核研究所
	寺崎　義則	業務調整	92/12/10～95/12/09	〃

短期派遣専門家（延べ合計14名）

年度	氏　名	指導科目	派遣期間	所属先
Ｈ４	石川　信克	結核対策	93/03/04～93/03/12	結核研究所
Ｈ５	渡慶次重美	社会学的調査	93/05/21～93/06/20	結核研究所
	森　亨	疫学	93/06/13～93/06/20	同
	渡慶次重美	社会学的調査	93/07/15～93/08/18	同
	藤木　明子	結核菌検査	93/09/08～93/09/25	同
	青木　正和	結核対策	93/09/15～93/09/19	同
	石川　信克	結核対策	93/09/15～93/09/23	同
	森　亨	疫学	93/11/07～93/11/14	同
	遠藤　昌一	結核対策	94/02/16～94/02/27	栃木県足利保健所
Ｈ６	藤木　明子	結核菌検査	94/04/24～94/05/21	結核研究所
	清田　明宏	結核菌検査室ﾈｯﾄﾜｰｸ	94/04/24～94/05/07	同
	森　亨	疫学	94/06/21～94/06/29	同
	中尾次政剛	放射線技術	94/07/13～94/07/27	同
	藤木　明子	結核菌検査	94/08/14～94/09/03	同
予定	山田　紀男	結核対策	95/01/18～95/01/30	同

現在、長期専門家は須知雅史チーフアドバイザー、寺崎義則業務調整員の両名が派遣中で、少ない人員にもかかわらず綿密な計画・準備に支えられた着実な活動を行っている。両名とも当初２年間の任期を１年延長し、引き続き任に当たっていただくこととした。

また、長期専門家の活動を支援するため、要所において短期専門家を投入することが本プロジェクト開始当初からの方針であったが、国内支援機関の協力により各年度ほぼ計画どおり派遣を行い、所期の効果を挙げていると言える。派遣の際のフィリピン側の受入れ態勢についても特に問題となる点はなかった。

なお、現地における活動を補佐するため、下記の２名の現地スタッフを雇用している。

Ms.Maria Carolyn Daclan　　Technical Assistant

Ms.Marry Angeleinne Manuel　　Secretary

3－7　研修員受入れ

研修員受入れ実績（合計６名）

年度	氏名・現職	研修分野	研修期間	受入先
H４	Dr.Nora M.S.Cruz Medical Specialist,TBCS	結核対策	92/07/12～92/10/11	結核研究所
	Dr.Elaine R.Teleron Regional Medical TB Coordinator	同	92/07/12～92/10/11	同
H５	Dr.Vivian Lofranco Medical Specialist,TBCS	結核対策	93/06/14～93/10/17	同
	Mr.Benny Loberiza Medical Technician, Cebu Cest Center	細菌技術	93/09/27～94/02/13	同
H６	Dr.Lucia S.Florendo Medical Specialist Provincial Coordinator	結核対策	94/06/20～94/10/23	同
	Ms.Yolanda S.Garces Medical Technologist, Cebu IPHO	細菌技術	94/10/03～95/02/19	同

研修員の選考については、技術移転の効果的な実施のためプロジェクトに直接関与する人員を最優先するよう、初回の合同調整委員会の席上、第１回の計画打合せ調査団の森団長が申し入れた。以来、ほぼその原則に添った形で実施されているといえる。上記６名のうち、２名が保健省の所属、残る４名がRegion、Provinceの所属で直接プロジェクトの実施に係っており、研修終了後も全員が引き続き上記業務を担当している。

3－8　現地セミナー

プロジェクト開始からこれまでに下記の５回のセミナーを開催した。

平成５年

目　　的　　結核対策全般

日　　時　　1993年３月９日～11日

会　　場　　セブ市内　Hotel la Esperanza

主な講師　石川信克（短期専門家）

参 加 者　第７地方保健局・州・市結核調整官、郡監督保健婦、保健所保健婦、医師、州検査技師、他　　計65名

平成６年

目　　的　ＮＴＰにおける結核の臨床サービス

日　　時　1993年９月16日～17日

会　　場　第７地方保健局研修所

主な講師　青木正和（短期専門家）

参 加 者　第７地方保健局・州・市結核調整医官、市保健部長、ＩＳＡ郡病院医官、セブ胸部疾患センター医療専門官、他　　計51名

目　　的　患者管理及び地域アプローチ

日　　時　1993年９月20日～22日

会　　場　第７地方保健局研修所

主な講師　石川信克（短期専門家）

参 加 者　第７地方保健局・州・市結核調整看護婦、郡監督保健婦、保健所保健婦、地方保健局保健婦、他　　計49名

目　　的　監督・モニタリング・結核対策新指針について

日　　時　1994年２月21日～23日

会　　場　第７地方保健局研修所

主な講師　遠藤昌一（短期専門家）他

参 加 者　第７地方保健局・州・市結核調整官（医師・保健婦）、郡監督保健婦、保健所医師、州検査技師、他　　計25名

平成７年

目　　的　検査業務に関する職員再研修

日　　時　1994年８月29日～９月２日
９月12日～　16日
26日～　30日
10月10日～　14日

会　　場　セブ胸部疾患センター　レファレンス・ラボラトリー

主な講師　Dr. N. Cruz（結核対策課）、藤木明子（短期専門家）他

参 加 者　ＩＳＡ対象地域保健所・病院の検査技師等　毎回７～10名　　計50名

この他、レファレンス・ラボラトリーを会場として下記の研修が開催された。これらの研修に対し、本プロジェクトは直接または間接的に技術指導を行った。

主　　催　　保健省結核対策課
日　　時　　1994年10月24日～28日
対　　象　　第６、７、８地方保健局の検査技師　　計30名

主　　催　　第７地方保健局
日　　時　　1994年11月７日～11日
対　　象　　第７地方保健局の検査技師　　計30名

主　　催　　保健省結核対策課
日　　時　　1994年11月21日～25日
対　　象　　第７地方保健局の研修担当職員（再研修）　　計30名

3－9　資機材供与及び利用状況

年度	機材名	数量	配置先
H 3	ｺﾝﾋﾟｭｰﾀｰ 一式	4	Project Office, TBCS Manila, DOH-FO 7, Cebu IPHO
	ｺﾝﾋﾟｭｰﾀｰｿﾌﾄ	1	Project Office
	顕微鏡	33	11-Reference Laboratory, 22-RHUs
	教育用顕微鏡	2	Reference Laboratory
	ｺﾋﾟｰ 機、ｿｰﾀｰ	1	DOH-FO 7 Regional Health Training Center
	携帯用OHP 、ｽｸﾘｰﾝ	5	5 Districts(ISA)
	拡声装置	5	5 Districts(ISA)
	卓上用OHP	1	Reference Laboratory
	ﾌﾟﾛｼﾞｪｸﾀｰ	1	DOH-FO 7 RHTC
	ﾃﾚﾋﾞ 、ﾋﾞﾃﾞｵ	2	Project Office, DOH-FO 7 RHTC
	発電機	1	Project Office
	三輪自動車	2	Mandaue City, Lapu-lapu City
	車両	2	Project Office, DOH-FO 7 RHTC
H 4	ﾚﾝﾄｹﾞﾝ 装置一式	1	Cebu Chest Center
	参考文献一式		DOH-FO 7 RHTC
	ｺﾝﾋﾟｭｰﾀｰ 一式	2	Reference Laboratory, DOH-FO 7 RHTC
	ｺﾋﾟｰ 機、ｿｰﾀｰ	1	TBCS Manila
	ﾃﾚﾋﾞ 、ﾋﾞﾃﾞｵ	2	Reference Laboratory
	車両	2	DOH-FO 7 RHTC, Cebu IPHO
	自動二輪車	6	6 Districts(ISA)
H 5	無菌実験台	1	Reference Laboratory
	蒸留装置	1	
	冷蔵庫	1	
	強力冷凍ﾌﾘｰｻﾞｰ	1	
	保冷庫	1	
	超音波ﾋﾞｹｯﾄ洗浄器	1	
	ｶﾞﾗｽ 器具用乾燥機	1	
	高圧滅菌器	2	
	乾熱滅菌器	1	
	孵卵器	1	
	ﾃｰﾊﾞｰ式培地凝固器	1	
	卓上遠心器	1	
	耐薬安全薬品保管庫	1	
	ｶﾞﾗｽ 器具保管庫	2	
	電子上皿天秤	1	
	ｺﾝﾊﾟｸﾄ 天秤ｶﾊﾞｰ	1	
	上皿天秤	1	
	恒温水槽	1	
	病院用焼却炉	1	
	実験台、椅子一式	1	
	検査室用器具一式	1	
	ｶﾞﾗｽ 器具一式	1	

（計画）

H 6	顕微鏡	15	Field Units
	ｺﾋﾟｰ 機、ｿｰﾀｰ	1	Cebu IPHO
	卓上型OHP 、ｽｸﾘｰﾝ	1	Cebu IPHO
	拡声装置	1	Cebu IPHO
	ﾌﾟﾛｼﾞｪｸﾀｰ	1	Cebu IPHO
	印刷機	5	TBCS Manila, DOH-FO 7, Cebu IPHO Mandaue City, Lapu-lapu City
	携帯用拡声器	50	RHUs
	自動二輪車	6	6 Districts(ISA)

本プロジェクトは開始前の平成3年度から機材供与予算があったため、同年度から5年度まで3ヶ年分の供与機材が既に配置済であり、平成6年度についても実施協議を終え現在現地調達の準備を行っている。

内容から大きく下記の5種類に分類される。

(1) 監督体制強化のための交通手段（車両・オートバイ等、地方保健局や州、自治体の保健部または保健所に配置）。

(2) 情報処理業務の合理化・精度向上用の機器（コンピューター・複写機等、地方保健局や州保健部等に配置）。

(3) レファレンス機能強化用の機器（検査室機器・X線機器・教育機器、セブ胸部疾患センターに配置）。

(4) 結核菌検査体制向上用の機器（顕微鏡、保健所等に配置）。

(5) 患者教育・要員研修用教育機器（州保健部、保健所等に配置）。

配置・利用状況についてはセブ胸部疾患センターや保健所等を視察した際に確認した限りでは、特に問題なく当初の目的に沿って適切に行われていると判断された。

なお、市町村の保健部や保健所等に機材を配置する際には、保健省と自治体との間の合意書（機材の所有は保健省、使用と管理は自治体の責任である旨取決めたもの）を取付け、責任の所在を明確にするよう努めている。

3－10 プロジェクト基盤整備事業

(1) 背景

結核対策の技術的な基礎の一つが、結核菌の検出による患者の診断及び結核所見による治療経過の判定であり、同国の結核対策もこれを重視したものとなっている。しかし、実際に行われている菌検査の精度は基礎調査の結果からも確認されるように問題が多い上、指導監督及び研修を行う充分な設備を持った施設がないという状況にあった。このことから、菌検査技術の

精度向上を目的としたレファレンス検査機能の強化、中でもレファレンス・ラボラトリーの確立が必須と認識されるに至った。

このため、セブ胸部疾患センターを始め各医療施設のラボラトリーを候補として検討を行ったが老朽化、狭小等の理由でいずれも本件目的に使用するには困難であることが判明した。また、同国の自己資金による施設の建設は期待出来ないため、プロジェクト基盤整備事業によるレファレンス・ラボラトリー建設を行うこととし、場所を本プロジェクトの活動拠点である保健省第7地方局に隣接するセブ胸部疾患センターの隣接地に決定した。

(2) 経緯

フィリピン側からの要請に基づき一連の手続きを開始したが、先方の対応の遅れもあり予想以上に歳月を要し、平成5年6月にR／Dの追記、同8月口上書の交換、11月に起工式を行い、平成6年3月末にようやく完成した。ラボラトリー内の機器については平成5年度機材供与で対応し施設完成後に据え付けを行い、全国的な行事である8月の「肺健康月間（Lung Month)」を待って、保健次官始め地域の要人の出席のもと開所式を行った。

Cebu Chest Centerの所属については地方分権により当初セブ州に移管が予定されていたが、維持・管理等の理由から保健省が移管を留保した。本事業の実施に際してはフィリピン側にも応分の負担を求めることとし、具体的には、土地の提供、電気・水道・ガスの設置、備品・消耗品の供給、運営・保守管理費用の確保、人員の配置等について事前に確約を得た。

また、細菌検査部門と並んでレファレンス機能を果たすX線検査部門についても、撮影装置の老朽化が著しく得られる写真の画質も低いため、平成4年度機材供与によりX線機器一式を配置した。なお、機器の据え付けに当たり必要な補修工事（屋根・床の修理、壁の補強等）はフィリピン側が行った。

(3) 現状

開所後、検査技師を対象にプロジェクト主催で4回の研修を行ったほか保健省主催で11月中にも3回の研修が行われる等、頻繁に活用されている。反面、業務量が増大し現在いる1名の技師だけでは研修の実施、精度管理、セブ胸部疾患センターの外来の検査という三つの業務を行うのは困難な状況にある。増員については当初からの条件でありフィリピン側も確約しているが、今後培養検査を導入するに当たり一層業務の繁忙が予想されることから早期の実現が望まれる。また、電気が仮設のまま本設置が未済となっているほか、会議室の机・椅子等の一般家具の配置が遅れている。これらの点については合同調整委員会の席上で早期実施を申し入れた。

4．実施運営上の問題点と今後の課題

4－1　プロジェクト地域におけるＮＴＰの問題点

主にプロジェクト対象地域におけるＮＴＰの現状について、最近ＷＨＯ結核対策本部がＮＴＰのモデルとして発表した「結核対策政策パッケージ」に沿って検討した結果、下記の問題点が挙げられた。

(1)　結核対策に対する国の関与

上記モデルにおいては、結核対策は国の政策として健全なものであるべきと規定している。少なくとも結核を国の主要な健康問題の一つとみる点ではフィリピン政府の姿勢に問題はないといえる。これは、保健省の担当次官が本プロジェクトの活動に積極的に参画していることからも確認できる。しかし、関与の在り方の点で対策の機構に弱点が多く、中でも州レベルの役割のあいまいさ、郡レベルの監督体制の弱さが最大の問題となっている。

こうした問題の背景には近年進展した地方分権化の大きな流れがあり、結核対策分野だけ、あるいは保健医療分野だけの問題として論じることはできない。プロジェクトとしては、選挙等で流動するこれらの問題に決定的な影響を受けることのないような結核対策を実施することが重要と思われる。

(2)　受動的方式による患者発見

従来フィリピンでは検痰チームによる有症状者の積極的な検痰による結核の診断が患者発見の主要な方法とされており、ＷＨＯが提唱するプライマリーヘルスケア・サービスの中で診断を行う方式ではなかった。現在試行中の新指針では、ＷＨＯ方式に転換することとなっている。しかし、従来の積極的方式も実際には有症状者の検痰が相当部分を占めていると考えられ、検痰チームの廃止がこうした患者の検痰受診の減少につながる恐れもあり注意を要する。

また、同国で特に問題となっているのは私的医療機関との関係である。とりわけ私的医療機関でＸ線撮影により結核と診断され、公的医療機関に送られて来る患者をどのように取り扱うかが、診断の質を維持する上で重要である。短期化学療法が広範に実施されるようになった現在、これを当てにした安易な活動性結核の診断が増加することのないよう、充分な警戒が必要であろう。

(3)　塗抹陽性患者に対する短期化学療法

同国では既に実施されており、菌陰性患者に対しても短期化学療法を用いることが検討されている。これは前進ではあるが、費用対効果を考慮すると上記(2)の診断精度との関連で慎重さが望まれる。

成績評価のためのコホート方式は一般的には用いられていないが、新指針の実施に伴って導入される予定である。現状の統計や菌検査の妥当性・信頼性に問題があるため、現行の治療プログラムの成績を直接評価することは困難だが、プロジェクトの調査で明らかになった一部地

域の成績から推定して、ＷＨＯが途上国の目標として設定した治癒率85％には届かない状況にあると考えられる。

(4) 薬剤の供給体制

昨年１年間は起こらなかったものの、それ以前、同国において薬剤の供給途絶はよくある問題であった。地方分権化により薬剤のうち短期化学療法に必要な分は中央政府が供給し標準化療法の分は地方自治体が購入することとなったが、地方自治体が安定供給を行うには困難が多いため、プロジェクトでは緊急時に備え薬剤の備蓄制度（バッファー方式）を採用している。今後、分権化に関しては事態の流動化も予想され、一層の注意を要する。また、抗結核薬に限らず検査試薬等その他の資機材についても同様のモニタリング体制が必要であるが、現状はプロジェクト対象地域内ですら充分な体制が確立されているとは言い難い。

(5) 監督・評価のためのモニタリング体制

まず、機構上の問題がある。中央政府にはRegion担当（他Region兼務）の結核専従の医官が配置され、Region（地方保健局）に配置されている結核調整官（TB Coordinator：医師・看護婦、他の保健医療業務兼務）を監督する。Provinceにも同様に結核調整官（医師・看護婦）が配置されるほか、巡回指導を担当する検査技師も任命される。しかし、患者発見・治療の現場に直接出向いて有効な監督を行うのは担当区域の広さから考えても困難であり、数ヶ所の施設を担当する郡レベルの監督官の設置が望まれる。現状では郡監督保健婦にこの業務を委ねているが、兼務で多種の業務を行っているため、結核だけに重点を置いて活動することは期待できない。以前は郡病院が地方保健局の出先機関であり、郡病院院長の権限で保健所を監督することが可能であったが、現在は医師のいる保健所を保健婦が監督するといった変則的な形になっている。また、市町村の保健所に対する州政府の役割が明確になっていないという問題もある。

モニタリングに関しては、統計・報告の問題も大きい。従来の報告は、観念的かつ煩雑で妥当性や信頼性に欠ける点があった。この点については、新指針の適切な実施によって、かなりの改善が期待される。

検査技術の精度管理に関しても多くの問題が明らかになった。潜在していた問題を明確化したこと自体がプロジェクトの大きな成果といえる。今後、プロジェクト基盤整備事業で完成したレファレンス・ラボラトリーを中心に、検査業務の精度管理を向上させ、診断・治療が正しく評価できるようになることが望まれる。

４－２　プロジェクト実施上の問題点

(1) プロジェクト・チームの編成について

本プロジェクトは当初から、長期専門家をチームアドバイザーと調整員の２名に限定し活動してきた。まずプロジェクト運営を支援するため、技術補助、事務各１名のローカルスタッフを雇用した。幸い有能な人材に恵まれ、チームの事務能率は大いに上がっている。また、時期

を選んで頻繁に短期専門家を派遣することが、支援体制の要となっていたが、これもほぼ計画どおり実施している。なお、専門家の派遣計画や供与機材の仕様の選定、研修員の受入れ、各調査やセミナーに関する技術的な助言等については、国内委員会とともに国内タスクフォース委員会が大きな役割を果たしており、プロジェクトの活動状況の把握や、その上で行う助言等一貫性を保って支援する点で確実な成果を上げていると言える。

しかし、こうした支援体制をもってしても、プロジェクト・チームが多忙であるという印象は拭い難い。長期専門家の増員については、これまでも何度か検討されたが他の途上国と比較して同国では人的資源が豊富なこと、精度管理やロジスティックス等体制作りが技術移転の焦点であること等から、安易な人員の投入は行わないという方針を貫いてきた。今後も、この基本方針を再確認しつつ増員については慎重に検討する必要がある。

(2) ＩＳＡの拡大について

平成７年４月からＩＳＡの拡大を計画しており、検討の結果これまでの地域にセブ・ダナオ両市を加えることとした。セブ市は特別市（Chartered City）として、地方行政機構上は州と同レベルにあり、結核対策についても一定の機構とプライドを持っている。また、スラムに見られる都市問題や私的医療機関の占める役割、独自の対策実施の伝統等、初めて直面する問題も含まれており、プロジェクトは大きな山場に差し掛かったともいえる。加えて新指針の実施も目前に迫り、その関連で活動の展開が予定どおり進まない可能性がある。

しかし、ここでも原則を守り、地域の基礎調査から開始し慎重に接近方法を検討した後、研修と監督とを中心にして確実に活動を進めることが重要である。この地区での私的医療機関との関係は、他地区と比較しても特に重要になるものと考えられる。医師会や関連協議機関との対話や現地セミナー等を活用して意思の疎通に努め、例えば、患者をＸ線所見だけで要治療と保健所に紹介しても検痰成績や既往歴によっては医療不要、経過観察とされることが有り得ることなどを知らせておく必要がある。

(3) 新指針の試行、実施について

今後、新指針の試行は継続されるだけでなく、ＩＳＡ全体に拡大して実施されることになった。歓迎すべきことだが、今まで以上にプロジェクトの役割が重視されることも意味する。

新指針の全国的な実施に向け、プロジェクトが関わる課題として主に下記の３点が挙げられる。

1) 最終的な試行結果の還元

今回保健省と協議し、最初の四半期報告が提出される本年12月を目処に試行結果を集約して、分かりやすく建設的な提言をまとめて保健省に報告し、最終改訂に盛り込むよう促すこととした。この作業に当たっては、国内のタスクフォース委員会から積極的な支援が得られる見込みである。

2) 保健次官の批判に対して

保健次官が新指針の薬剤レジメンに関して難色を示しているといわれる。これを単に、フィリピン国内でのレジメンの治療効果について臨床試験成績を示すようにと受け取るのでなく、実際上の有効性・費用対効果について証明を要求するものと解釈し、この条件を満たせるよう真剣に検討する必要があると思われる。

3) 新指針普及のための研修

研修についても同様にＩＳＡにおける経験を中央に還元し、全国の研修が効果的に実施されるよう保健省に対し、助言・協力を行っていくべきである。ＷＨＯのモジュールは本来こうした目的で作成されたものである。

(4) レファレンス・ラボラトリーの活用について

レファレンス・ラボラトリーの役割としては、当初から研修、精度管理、地域の顕微鏡センターの技術的支援という、３つの機能が挙げられている。こうした役割に沿って、近い将来に培養検査、同定検査も開始の予定であり、中でも精度管理について具体的にどう果たしていくか早急に決定する必要がある。

塗抹検査の精度管理に関しては、例えば一定の方式で標本抽出を行って、対象とする顕微鏡センター及び検体を指定し、これらについて以下のような作業を行うことが考えられる。無秩序に培養検査や薬剤感受性検査等を行うことは控えるべきである。

① 現地判定済の陽性・陰性のスライドのクロスチェックを行う。

② 現地判定で塗抹陽性の喀痰を培養する（偽陽性の検出）。

③ 治療開始後４ヶ月の時点で陽性あるいは陰性と判定された喀痰の培養検査（偽の陽性／陰性の検出）。

これらの実施のためには人員の増強を要する。増員については前述したように今回の合同調整委員会で地方保健局長が確約しているが、かなりの部分が本来は州や市の検査技術監督官の業務でもあり、彼らの実質的な取り込みを含め活動計画を立案する必要がある。

(5) 記録・報告の整備

ＩＳＡにおける結核対策活動の実績報告は、新指針試行地域を除けば従来どおりＦＨＳＩＳによって行われてきたが、既に延べたように、この統計情報には種々の問題がある上、報告自体も怠られる傾向があり、現場の日常業務の報告内容を通じてプロジェクト活動の評価を行うことができない。そのため、今後はＩＳＡ活動の一部として、ＦＨＳＩＳとは別にプロジェクトに対し簡単な業務報告を行うことを提案する。現場とプロジェクトチームにとって多少の負担となるだろうが、実施上必要なこととして現場に対し要求出来るものと思われる。

5．合同調整委員会の協議事項

合同調整委員会の開催に先立ち、保健省結核対策課を訪問して本プロジェクトに関する協議を行うとともに、合同タスクフォース委員会に出席し、次年度以降の活動について検討を行った。

5－1　保健省結核対策課との協議

平成6年11月3日、保健省を訪問し担当次官へ表敬を行った後、Dr. M. Teoxon(同課課長）、Dr. V. Lofranco(プロジェクト担当医官）、Dr. N. Cruz(研修担当医官）と意見の交換を行った。主な協議事項は①新指針の今後の扱い、②次年度ＩＳＡの拡大、③保健サービスの地方分権化の見直し、の3点で内容については各々関連箇所に記載した。

5－2　合同タスクフォース委員会

11月8日、レファレンス・ラボラトリーの講堂で、保健省結核対策課、地方保健局、セブ州保健部、セブ・マンダウエ・ラプラプ各市の保健部の担当者と、プロジェクトチーム及び本調査団員とを加えた計18名の出席により開催された。①次年度ＩＳＡ拡大、②新指針試行の今後のあり方、③機材供与、④私的医療機関との連携等の事項について検討し、この結果を基に翌日の合同調整委員会でより絞り込んだ討議を行った。（附属資料④参照）

5－3　合同調整委員会

第3回合同調整委員会は11月9日、レファレンス・ラボラトリーの講堂で開催された。出席者は保健省担当次官を始めとしてＲ／Ｄで規定された構成員、本調査団員、オブザーバーの計19人であった。

議事では、まず前回（平成5年11月）以降のプロジェクトの活動実績について分野別に報告を受け、委員会の承認を得た後、今後の活動計画を検討した。その際、特に討議された事項については下記に記載した。また、懸案となっている事項に関し意見の交換を行い、最後に本調査団の調査結果をまとめたミニッツに次官と遠藤団長が署名、交換した。（附属資料①②③参照）。

(1)　ＩＳＡの拡大について

平成7年4月に予定しているＩＳＡの拡大について、セブ市全域と可能であればダナオ市とを現在の地域に追加することを決定した。セブ市に関しては市保健部長に説明を行ったところ積極的に参加したいとの意向を確認済であり、今後ダナオ市に対して訪問・説明を早期に行うこととした。

(2)　新指針の試行について

現在2地区で試行を行っているが、これをＩＳＡ全域に拡大することを検討し、近い将来に実施することを決定した。

(3) レファレンス・ラボラトリーについて

電気の本設置・増員・講堂等の家具の配置等整備が遅滞している事項に関し、委員会の席上で調査団長よりフィリピン側に対して早期の解決を求めた。施設の管理責任者である地方保健局長から、各々の整備遅延理由と解決見込み時期の説明とともに善処の確約を得た。

また、ラボラトリーの職員の業務の過重な負担を避けるため、他の地方保健局管内の要員研修の実施の際には、当該地方の人員の出向を要求できることを次官に確認した。

(4) その他

次官から研修員をより多く受入れてほしいとの要望が出された。

なお、次回の開催は例年どおり11月第2水曜日とすることを確認した。

附　属　資　料

① ミニッツ
② 第3回合同調整委員会議事録
③ 第3回合同調整委員会会議資料
④ 合同タスクフォース委員会議事録
⑤ Documentation of Field Testing Activities (Mandaue City)
⑥ Documentation of Field Testing Activities (Dallaguete RHU I)
⑦ 地方分権化の見直しに関する新聞記事

① ミニッツ

THE MINUTES OF DISCUSSIONS BETWEEN THE JAPANESE CONSULTATION SURVEY TEAM AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE REPUBLIC OF THE PHILIPPINES ON THE TECHNICAL COOPERATION FOR THE PUBLIC HEALTH DEVELOPMENT PROJECT

The Japanese Consultation Survey Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. Shoichi Endo, visited the Republic of the Philippines from November 2 to 10, 1994 for the purpose of reviewing the activities concerning the Public Health Development Project (hereinafter referred to as "the Project"), and discussing the future implementation plan of the Project.

During its stay , the Team exchanged opinions and had a series of discussions with the Philippine authorities over the implementation of the Project.

As a result of the discussions, both sides agreed upon the matters referred to in the document attached hereto.

Cebu, November 9, 1994

Dr. Shoichi Endo
Leader,
Consultation Survey Team
Japan International Cooperation Agency,
Japan

Dr. Manuel G.Roxas
Undersecretary for
Public Health Services,
Department of Health
Republic of the Philippines

I. GENERAL REVIEW

The Project started on September 1, 1992 for five years, with the purpose of developing a public health service system in the defined area of the Republic of the Philippines, focusing on the tuberculosis control program as its model component.

In accordance with the Record of Discussions signed on April 3, 1992 by both sides, JICA has dispatched 2 long-term experts and 14 short-term experts to the Philippines and has accepted 6 counterpart personnel as trainees in Japan, and also has provided equipment to activate the implementation of the Project.

Both sides reviewed the activities in regard to the implementation of the Project. Based on the common understanding of the present situation of the Project, both sides discussed the future implementation plan of the Project.

II. SUMMARY OF DISCUSSIONS

Both sides agreed upon the following matters:

1. For the establishment of the Reference Laboratory of the Cebu Chest Center necessary measures regarding health personnel and infrastructures should be taken by the Philippine side.

2. The new National Tuberculosis Control Program Guidelines should be implemented based on the recommendations made through the field tests. The training program for its nationwide expansion should be planned carefully.

3. Expansion of the Intensive Service Area of the project should be conducted in an appropriate way.

III. JOINT COORDINATING COMMITTEE MEETING

The Team attended the 3rd Joint Coordinating Committee Meeting of the Project and participated in the discussion.

IV. ACHIEVEMENT OF TENTATIVE SCHEDULE OF IMPLEMENTATION

The technical cooperation activities under the Project which have been carried out by the end of October 1994 are presented in ANNEX I.

V. TENTATIVE SCHEDULE OF IMPLEMENTATION

According to the present situation of progress of the Project, both sides jointly formulated the Implementation Plan of the Project.

The timetable of the Implementation Plan of the Project is presented in ANNEX II.

ANNEX I

1. Dispatch of Japanese Experts
   (1) Long-term Experts

Chief Advisor	1
Coordinator	1

   (2) Short-term Experts

Tuberculosis Control	3
Epidemiology	3
Bacteriology	3
Sociological Survey	2
Supervision & Monitoring	1
Radiology	1
Laboratory Network and Logistics	1

2. Counterpart Training in Japan

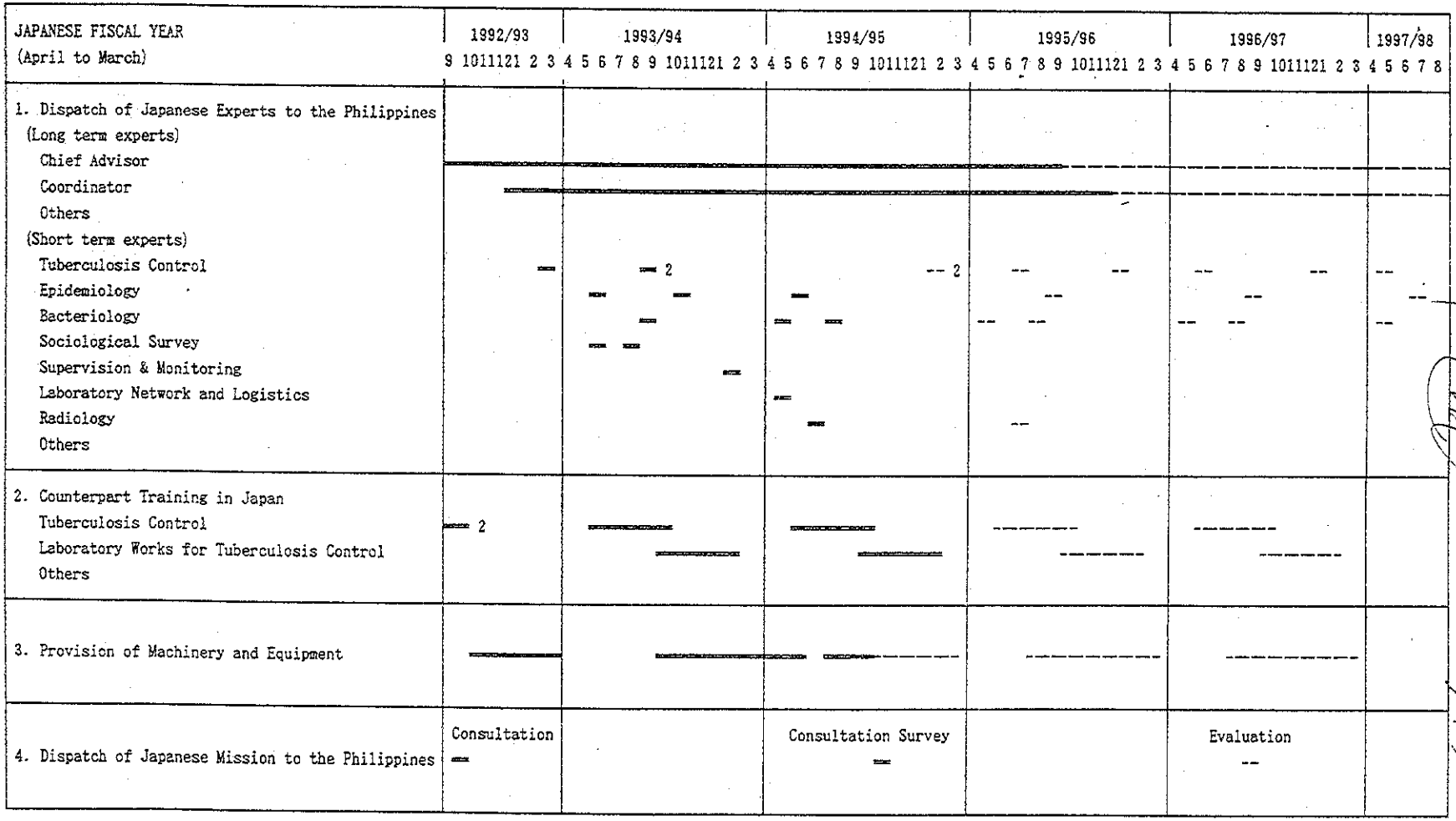
Group training course in Tuberculosis Control II	4
Group training course in Laboratory Works for Tuberculosis	2

3. Equipment
   Laboratory Equipment
   Microscopes
   Teaching Materials
   Vehicles & Motorcycles
   Personal Computers
   X-ray Equipment
   Others

4. Renovation of the Reference Laboratory of the Cebu Chest Center

ANNEX II

TENTATIVE SCHEDULE OF IMPLEMENTATION
FOR THE PUBLIC HEALTH DEVELOPMENT PROJECT



Note : This schedule is formulated tentatively on the assumption that the necessary budget be acquired by both sides.
This schedule is subject to change within the framework of the Record of Discussions as the necessity arises in the course of Project implementation.

② 第3回合同調整委員会議事録

MINUTES OF THE
THIRD JOINT COORDINATING COMMITTEE MEETING
DO-JICA Public Health Development Project

DATE : November 9, 1994
TIME STARTED : 10: 35 a.m.
TIME ENDED : 12: 15 p.m.

VENUE : Reference Laboratory of Cebu Chest Center, Vicente Sotto Memorial Medical Center Compd., B. Rodriguez St., Cebu City

CHAIRMAN : DR. MANUEL G. ROXAS
Undersecretary for Public Health Services,
Department of Health, Manila

ATTENDANCE : Members Present

DR. CORAZON V. TEOXON
OIC-TB Control Service,
DOH, Manila

DR. JOSE R. RODRIGUEZ
Director III
DOH-IRFO 7, Cebu City

DR. JESUS FERNANDEZ
Provincial Health Officer II
Cebu IPHO

DR. MEDALLA BORROMEO
For Dr. Tomas Fernandez
Cebu City Health Officer II

MR. EIJI IWASAKI
Asst. Resident Representative
JICA Philippine Office

DR. SHOICHI ENDO
Leader,
JICA, Consultation Survey Team

DR. TORU MORI
Member
JICA, Consultation Survey Team

MS. JUNKO NEMOTO
Member
JICA, Consultation Survey Team

MR. AKIHIKO HASHIMOTO
Resident Representative
JICA Philippine Office

DR. MASASHI SUCHI
Chief Adviser
DOH-JICA Project, Cebu City

MR. YOSHINORI TERASAKI
Coordinator
DOH-JICA Project, Cebu City

OBSERVERS AND COUNTERPARTS PRESENT:

DR. VIVIAN LOFRANCO
MS IV/National Coordinator
TB Control Service, DOH, Manila

DR. NORIHIKO YODA
First Secretary
Embassy of Japan

DR. ELAINE R. TELERON
MS II/Regional TB Medical Coordinator
DOH-IRFO 7, Cebu City

DR. LUCIA S. FLORENDO
MS IV/Provincial Coordinator
DOH-IRFO 7, Cebu City

DR. ENRIQUE SANCHO
MS II/Chief
Cebu Chest Center

MS. COLITA C. AUZA
Nurse V/Regional TB Nurse Coordinator
DOH-IRFO 7, Cebu City

MS. MA. CAROLYN DACLAN
Technical Assistant
DOH-JICA Project, Cebu City

MINUTES PROPER : (See Annex A for Minutes in Detail)

I. Approval of Minutes of the Second Joint Coordinating Committee Meeting

II. Progress Report . . . . . Dr. Masashi Suchi

DOH-JICA PROJECT ACTIVITIES (April 1994 - March 1995)

1. Activities
    - 1.1 Strengthening of TB Laboratory Function
    - 1.2 Intensification of Recording/Reporting System
    - 1.3 Improving logistic scheme
    - 1.4 Enhancing IEC Activity
    - 1.5 Implementation of planned seminars
    - 1.6 Technology Exchange Training
2. Missions
3. Dispatch of Japanese Experts
4. Counterpart Training in Japan
5. Equipment

III. Annual Work Plan . . . . . Dr. Elaine Teleron

Tentative Schedule of Implementation for Japanese Fiscal Year 1995- 1996

1. Expansion of ISA
2. Activities
    - 2.1 Expansion of the New NTP Guideline
    - 2.2 Intensification of Recording/Reporting System
    - 2.3 Improving Logistics scheme
    - 2.4 Strengthening TB Laboratory Function
    - 2.5 Enhancing IEC Activities
    - 2.6 Implementation of Planned Seminars
3. Dispatch of Japanese Experts
    - Long-term
    - Short-term
4. Counterpart Training in Japan
5. Provision of Equipment

IV. Discussions of Issues and Concerns

1. Reference Laboratory
2. Delay in nomination of trainee and MOA
3. Furniture for Ref. Lab.
4. Field testing
5. Manpower for Ref. Lab.
6. Dispatch of Experts
7. Counterpart Training & Clinical Aspect of TB
8. Change of date of next JCCM
9. Comments

V. Other Matters

Signing of Minutes of Discussions on the Consultation Survey Team concerning the DOH-JICA The Public Health Project.

Annex A

Minutes in Detail of
the Third Joint Coordinating Committee Meeting
DOH-JICA Public Health Development Project
DOH-IRFO 7, Cebu City
November 9, 1994

I. APPROVAL OF MINUTES OF THE SECOND JOINT COORDINATING COMMITTEE MEETING

Reactions and comments to the minutes of the second JCC meeting were gathered from the group. As there were no comments, the minutes of meeting were approved as it is.

II. Progress Report

DOH-JICA PROJECT ACTIVITIES (April 1994 - March 1995)

1. Activities

1.1 Strengthening of TB Laboratory Function

Equipment were installed to Cebu Chest Center to strengthen its functions like X-ray machines and the establishment of a reference laboratory. The Reference laboratory functions as a routine laboratory for direct smear examination and as a training laboratory. Refresher Training Courses on Laboratory Works were conducted, participated by 32 Medical Technologists in the ISAs. The maximum number of participants were 10 Med.tech./batch. The inputs made were purely on direct smear examination.

Quality control of smear examinations will also be done.

1.2 Intensification of Recording/Reporting System
1.3 Improving logistics scheme
1.4 Enhancing IEC Activity

Field testing activities in the 2 areas of ISAs are undergoing representing the rural and urban areas. Meetings were held for the finalization of the protocol for field testing and orientation workshop to all field health personnel before its implementation. With the field testing activities, recording/reporting system is intensified.

1.5 Implementation of planned seminars

A Seminar on the basic concepts of TB and TB Control will be done for Doctors and Nurses early next year.

1.6 Technology Exchange Training

A visit to a JICA TB Control Project in Nepal is scheduled on February next year to observe TB control activities and to exchange knowledge and experiences.

2. Missions
The Consultation Survey Team was received from 2nd to the 10th of November 1994. Its purpose is to work out the details of the DOH-JICA Project activities.

3. Dispatch of Japanese Expert
Two long term experts are dispatched to the Project site namely the Chief Advisor which term will end by August 31, 1995 and the Coordinator by December 9, 1995. So far, there were four (4) short-term experts that had visited the Project in the fields of Laboratory network and Logistics, Epidemiology, Radiology and twice for Bacteriology.

4. Counterpart Training in Japan
There were 2 counterparts sent to Japan for training. One is for TB Control and the other for Laboratory Works which is currently ongoing, participated by one (1) Medical technologist from Cebu IPHO.

5. Equipment
The approved list of equipment for 1994 is as follows: 15 Binocular Microscopes for the field units, 1 copier with sorter, 1 OHP (desk top), 1 Screen, 1 Sound system, 1 Slide projector for Cebu IPHO, 5 Printing machines for Mandaue & Lapu-lapu cities, TBCS, Manila, Region 7 & Cebu IPHO, 50 Portable sound system for the RHUs, 6 Motorcycles for the new ISAs.

The activities planned for this fiscal year will be implemented until March 1995.

II. Annual Work Plan
There are two major activities for Japanese Fiscal Year 1995- 1996 namely, the expansion of ISA and the usual activities undertaken last year.

1. Expansion of ISA
By April 1995, expansion of the present ISA to 2 areas, the City of Cebu and Danao to cover two-thirds of the population of Project area.

2. Activities
2.1 Expansion of the New NTP Guideline
It was proposed that the New NTP guideline presently field tested in the 2 areas of the ISAs will be introduced to the entire ISAs from April 1995 to March 1996. The other program of activities are to be done with the field testing implementation (from no. 2.2 to 2.6)

2.2 Intensification of Recording/Reporting System
With the implementation of the new NTP guidelines, quality of recording/reporting system at the RHU level will be improved.

2.3 Improving Logistics scheme
This will be achieved through the establishment of a suitable buffer stock system in each level.

2.4 Strengthening of TB Laboratory

Activities to be undertaken will be quality control of smear/culture examinations and conduction of Refresher courses to Medical technologists.

2.5 Enhancing IEC Activities

A suitable motivating system in the community level will be established.

2.6 Implementation of Planned Seminars

A seminar for Med. tech., Doctors and PHNs in the new ISAs will be conducted by May to June 1995.

3. Dispatch of Japanese Experts

Long-term experts are dispatched namely the Chief advisor from September 1, 1992 to August 31, 1995 and Project Coordinator from December 10, 1992 to December 9, 1995. Short-term experts on the fields of Bacteriology, TB Control, Epidemiology and Radiology will be dispatched next fiscal year.

4. Counterpart Training in Japan

Two slots for counterpart training in Japan are open next fiscal year namely TB Control from June '95 to Oct. '95 and Laboratory works for TB Control from Sept. '95 to Feb. '96.

5. Provision of Equipment

The list of equipment for 1995 -96 are as follows, 1 Computer & Printer, 1 Copier with Sorter, 1 OHP desk top, 11 OHPs (portable), 1 Slide projector, 12 Screens (portable), 12 Loud speakers, 10 Motorcycles, 3 Printing machines, 30 speakers (handy type).

V. Discussion of Issues and Concerns

Concerns pertaining to the Progress Report:

1. Reference Laboratory

Dr. Rodriguez explained about the responsibility of DOH-IRFO 7 to get the electricity for reference laboratory. At present, the power supply came from VSMMC. The Regional Health Office had made representations with the electric company for the installation of a transformer to supply fully its electricity demand. The electric company has inspected the building, so it is hoped that by the end of November this year electricity will be installed. He added that, as to manpower the office has approved 2 items namely, 1 Medical technologist and 1 laboratory aide under the 1995 budget. It is aspired that a Med. Tech. can be hired not later than June next year . Inasmuch as these 2 positions are insufficient, a proposal was made for 1 Med. tech. in the 1996 budget. The short-term solution planned to avail of their services at this time, is to hire the personnel on a contractual basis.

Dr. Sancho enumerated the actual staff of Cebu Chest Center namely, 2 PHNs, 1 X-ray technician, 2 administrative personnel, 1 Chief and in the reference lab., 1 senior laboratory technician and 1 Med. Tech. from Cebu IPHO. The actual staffing pattern required by the laboratory are: 1 chemist for reagent preparation, 2 Med. Techs., 1 aide, 1 clerk, and 1 security guard.

For the need of a chemist, a pharmacist is suggested. In the present set-up, the RHU Med. Tech. are preparing their own reagents with the supervision of the Lab. technician.

It was confirmed that a permanent Med. Tech. who will work in the reference laboratory will be sent to Japan for training. It is requested by Dr. Suchi that nomination of this trainee will be done ahead of time, to facilitate all the necessary documents for his/her participation.

Dr. Rodriguez explained that some delays occurred because of the governments' procedures but it is assured that a Med. tech. will be appointed on time for him/her to participate in the training course.

Dr. Roxas explained that difficulties are met in hiring of personnel due to the attrition law. But since this is the commitment of the Philippine government, it will be approved. Region 7 also gave much effort to provide the requirements needed. To facilitate the manpower requirements, the total staffing pattern of the facility should be requested at this time.

Mr. Terasaki mentioned that the deadline of submission for the training on Laboratory Works will be on January or February next year. It is convenient that applications will be submitted simultaneously for the 2 trainings.

For the training on TB Control, Dr. Rodriguez suggested that trainee should come from the field. Dr. Sancho, Chief of Cebu Chest Center was nominated by the body for this training.

2. Delay in nomination of trainee and MOA

Dr. Fernandez cited two points namely :
1) Delay in nomination of trainee. The delay occurred because of some misunderstanding. The provincial government need to be convinced of the necessity in sending personnel for training but ultimately one (1) IPHO Med. Tech. was sent to Japan. But now, there is already a good coordination with DOH-IRFO 7, in fact assistance are provided to support the program. To mention, some staff are asked to facilitate in the conduct of trainings. However, it is requested that information will be sent ahead of time so as not to disrupt their present assignments.

2) Memorandum of Agreement for the JICA donated vehicle. He informed that he received the MOA for the vehicle but he has to confer it with the Governor of who will sign it. He further added that the MOA is too restrictive and detailed.

Mr. Terasaki mentioned regarding the 2 vehicle allocated for the Regional Health Office 7 and Cebu IPHO. The agreement between JICA and DOH was not accomplished yet, because it is planned that both vehicles shall be used at the same time. The JICA side is also waiting for the utilization of the vehicles.

Dr. Rodriguez explained that it took time to accomplish the MOA to make it satisfactory to all parties concerned. The most important point is that it should be utilized for monitoring of the TB Program, if it is not in use, the vehicle can be utilized by other program staff. The MOA shall be signed by the Provincial Officer and approved by the Provincial Governor. The detailed references

can be eliminated.

Dr. Teleron reiterated that it takes a lot of time for the vehicle to be used because of the modifications made to the MOA. The draft of the MOA is based on the set of guidelines agreed between DOH-IRFO 7 and JICA Office which is currently practiced by the Office.

Dr. Fernandez expressed that the agreement should be consulted first with the province since it is stipulated there that vehicle registration and insurance will be the responsibility of the province.

Dr. Roxas recapitulated that for the MOA detailed references can be eliminated since it will be reviewed. But it should be stated that, it will be used by personnel implementing the program and it should be specified who shall maintain it. In most of the loaned vehicle from donor country, they are maintained by the agency where it is utilized.

Mr. Terasaki said that the contract is between the IRFO 7 and IPHO so agreements for modifications should be made by the two parties. The most important point that must be considered is the proper use and maintenance of the vehicle.

Mr. Hashimoto presented that for maintenance purposes budgetary allocation should be available.

3. Furniture for Ref. Lab.

As to the furniture, Dr. Rodriguez aired out that the problem arise in the capital outlay which should not exceed P1,500.00. The alternatives undertaken was to purchase the materials and have it made. This expenditures is taken from the Regional budget.

Concerns of the Annual Work Plan:

4. Field testing

Dr. Teleron asked to TBCS pertaining to certain aspects of the guidelines that touch on the other components of the new NTP policies.

Dr. Teoxon mentioned that here in Cebu, we are testing for the feasibility of the procedures for diagnosis, treatment and recording and reporting system. In Region 6 a field testing on logistics are also conducted. These guidelines can be utilized in the ISAs.

Dr. Suchi asked if the Project can expand the field testing activities to the other ISAs. Through such activity action research can be realized in the field level. The process for expansion is yet to be planned, whether to implement it gradually or at the same time.

Dr. Fernandez shared his views in the expansion of the new NTP guideline. These requires a lot of preparation but it is advisable to implement a uniform NTP guideline in the entire Cebu province.

Dr. Endo recommended that the present policies be finalized prior to its expansion to other areas.

It is one of the purpose of the field testing to have a uniform guideline, so it is done in a small area. Even with these 2 areas, certain aspect of the guidelines need to be modified.

Dr. Teoxon confirmed on the difficulties in having 2 different guidelines implemented in an area. She requested that they will be given enough time to review the plan of action for 1995 to consider the proposal of expanding the field testing activities to the entire province. This may be feasible by having a control group, one that is under the JICA assistance and those that are not. For those that are not covered by JICA, TBCS will try to gather the resources needed, and if it is possible, will accomodate the training and implementation of the new guideline. It was asked that considerable time be given to develop the whole proposal.

5. Manpower for Reference Laboratory

Dr. Teleron cited a solution to the manpower problem of the reference laboratory. In future, the facility is envisioned to serve 3 regions namely, region 6, 7 and 8 as a head zone. Even now, it accepts trainees from these areas. It is proposed that if possible they will be asked to contribute for the provision of manpower to maximize the utilization of this facility.

This suggestion is feasible to let the other national employee from Region 6 or 8 to man the laboratory as a regular staff through the issuance of a Department Order and if they agreed for a transfer of assignment.

Dr. Suchi emphasized that the Project area should be given priority. Strengthening of laboratory activities has just started and many constraints are yet to be sorted out.

Dr. Roxas agreed to consider the suggestion to put priority to Cebu province.

6. Dispatch of Experts

Dr. Teleron clarified with regards to the expert on Bacteriology that will be dispatched next year, if culture and sensitivity examination can be initiated.

It is desired that these procedures will be introduced since an expert on bacteriology will be received twice next year.

7. Counterpart Training in Japan and Clinical Aspect of TB

Dr. Roxas opened up two concerns namely:

a) Number of counterpart trainees that will be sent to Japan. As observed in the annual plan there is quite a number of short-term experts that will be dispatched in the project site in a year. It was requested that training should not be limited to 2 slots per year because of the felt need to train the Filipino staff. It is appreciated if this concern will be looked into.

It was cited by Dr. Suchi that commonly counterpart trainees are limited to around 2 participants in a year in a TB Control Project.

Mr. Hashimoto stated that for its initial phase of implementation, a number of counterparts will be sent for training but usually decreases towards the end of the Project.

It is assured that this concern will be noted and feedback to JICA by Dr. Endo.

b) The Clinical side of TB disease should also be emphasized and a phthisiologist should be dispatched. This is important especially to those difficult to manage cases like resistant TB.

Dr. Suchi mentioned that in the seminars that were conducted, lectures on the clinical side of tuberculosis were provided. These seminars were conducted by Japanese experts on TB Control although it geared towards the public health side.

As to the clinical side of TB, Dr. Lofranco informed that doctors are trained in the treatment policies of TB prior to the implementation of the new NTP guidelines.

Dr. Roxas elucidated that training of doctors in terms of specialization are needed so as to boost the morale of government doctors and thus the public will seek the services of the health centers.

It is with this proposition that the function of Cebu Chest Center is enhanced through provision of a good X-ray and laboratory services. On the other hand, since the country' system of field personnel are generalist rather than specialist, it is difficult to train them. But inspite of this, it is envisioned that Cebu Chest Center can be a good referral unit in this area as explained by Dr. Suchi.

It is essential that cooperation with the private sectors be established as viewed by Dr. Endo.

Dr. Teleron shared that Region 7 has formed the Regional Advisory Council for TB which is participated by government and private physicians in the field of pulmonary medicine. They serve as consultants in TB management and shall in the future investigate the system in X-ray reading.

Dr. Roxas recognize the importance of this council for the NTP.

8. Change of date of the next JCCM

There was a move to change the date of the next JCCM to September instead of November due to the occurrence of trainings towards the end of the last quarter of the year. The Japanese side explained that for their planning, it is very convenient because they will submit the annual plan to JICA headquarters by the end of November or early December.

It was agreed that the meeting date will remain as it is, every second Wednesday of November.

Dr. Lofranco asked for the consideration of the assignment of the Project Chief Adviser which will terminate by the end of August 1995.

9. Comments

Dr. Yoda expressed his sincere gratitude to the cooperation of the Filipino side in the activities of the Project. Public health projects as he heard have a good reputation since it reaches the grass root level, effective to alleviate the economic status of the people and beneficial to support the nation. It is hoped that this project will yield good results. He committed to try his best to support the Project.

Mr. Hashimoto urged the body to hasten all the preparation so as to fully use the reference laboratory like the provision of manpower and installation of electricity.

Dr. Endo stated that he is very appreciative that many problems were confronted and for the support afforded by the Regional Health Office. For the introduction of the NTP guidelines revisions are needed.

THE CHAIRMAN:

MANUEL G. ROXAS, M.D., M.P.H.
Undersecretary for Public Health Services,
Department of Health
Manila

③ 第3回合同調整委員会会議資料

The Public Health Development Project
Third Joint Coordinating Committee
Reference Laboratory of Cebu Chest Center
VSMMC Compound, Cebu City
November 9, 1994

AGENDA:

I. Approval of Minutes of the Second Joint Coordinating Committee Meeting

II. Progress Report

DOH-JICA PROJECT ACTIVITIES (April 1994 - March 1995)

1. Activities
   - 1.1 Strengthening of TB Laboratory Function
   - 1.2 Intensifying Recording/Reporting System
   - 1.3 Improving logistics scheme
   - 1.4 Enhancing IEC Activity
   - 1.5 Implementation of planned seminars
   - 1.6 Technology Exchange Training
2. Missions
3. Dispatch of Japanese Experts
4. Counterpart Training in Japan
5. Equipment

III. Annual Work Plan

Tentative Schedule of Implementation for Japanese Fiscal Year 1995- 1996

1. Expansion of ISA
2. Activities
   - 2.1 Expansion of the New NTP Guideline
   - 2.2 Intensification of Recording/Reporting System
   - 2.3 Improving Logistics scheme
   - 2.4 Strengthening TB Laboratory Function
   - 2.5 Enhancing IEC Activities
   - 2.6 Implementation of Planned Seminars
3. Dispatch of Japanese Experts
   - Long-term
   - Short-term
4. Counterpart Training in Japan
5. Provision of Equipment

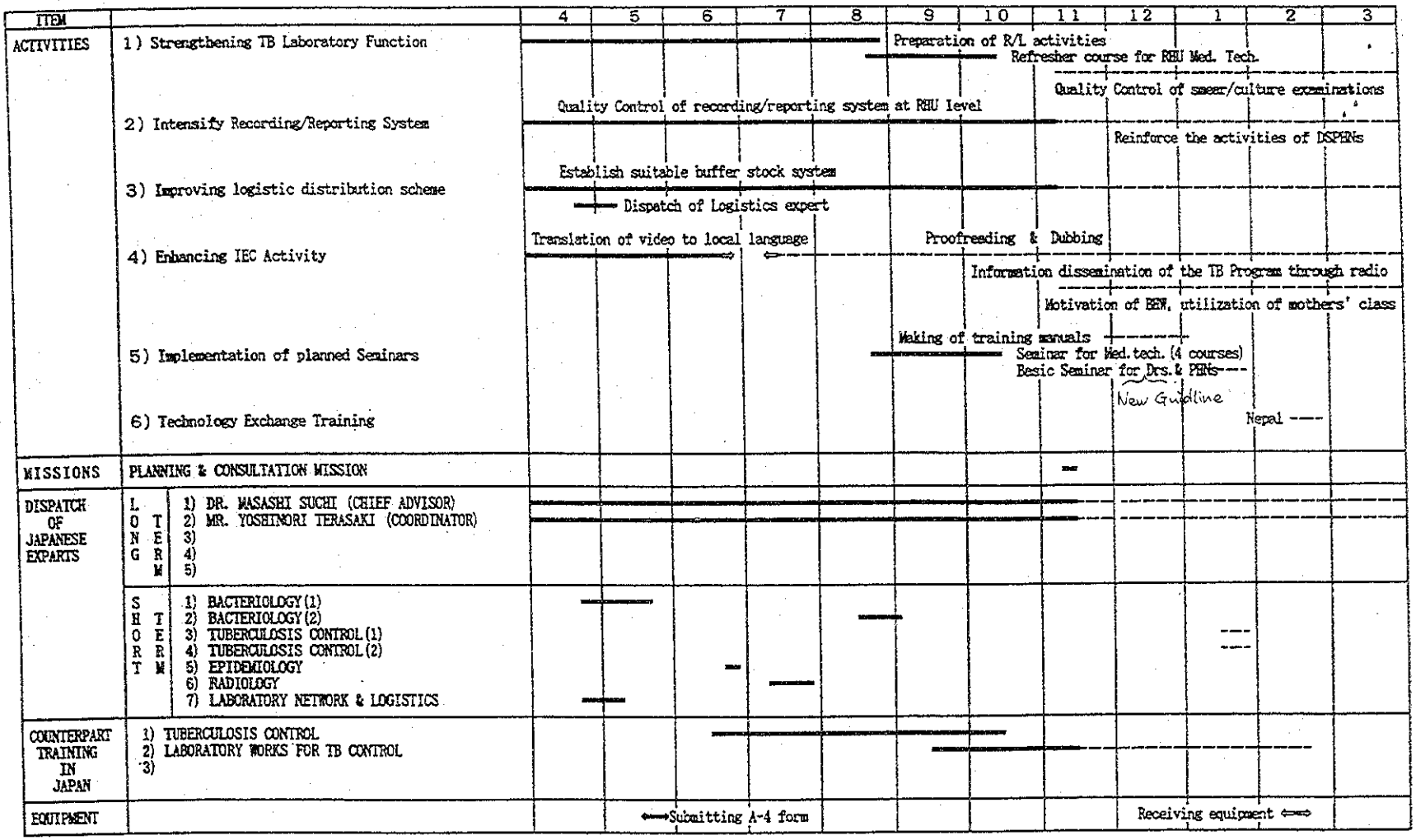
IV. Discussions of Issues and Concerns

V. Other Matters

Signing of Minutes of Discussions on the Consultation Survey

PROJECT ACTIVITIES (APRIL 1994 - MARCH 1995)

PUBLIC HEALTH DEVELOPMENT PROJECT



II. Progress Report

DOH-JICA PROJECT ACTIVITIES (April 1994 - March 1995)

1. Activities

1.1 Strengthening of TB Laboratory Function

Cebu Chest Center

July 1994 - Renovation of X-ray room and installation of new X-ray machine

Reference Laboratory of Cebu Chest Center

August 15, 1994 - Inauguration Rites
- Functions as a Routine laboratory for Direct Smear Examination and as a Training laboratory

NTP Refresher Course on Laboratory Works (4 batches)

Date : September 29 - October 14, 1994 (4 days/batch)
No. of participants : 32 Medical Technologists (7-10 Med.tech./batch)
Inputs made : Direct Smear Examination

1.2 Intensifying Recording/Reporting System

1.3 Improving logistics scheme

1.4 Enhancing IEC Activity

Field Tests of the New NTP Guidelines

TB Consultative Meeting

Date : April 14, 1994
Purpose : For the finalization of the protocol for field testing
Attended by : TBCS staff, Regional/Provincial/City TB Coordinators, DSPHN, Municipal/City Health Officer II of the field tested areas and JICA experts.

Orientation Workshop

Date : May 2-7, 1994
Purpose : Introduction of the revised NTP guidelines for field testing.
Participants : All health personnel from Mandaue City & Dalaguete RHU I

Implementation of the Field testing

Date : June 13, 1994

1.5 Implementation of planned seminars

Basic Seminar for Doctors and Nurses

Date : January or February 1995
Inputs : Basic Concepts of TB & TB Control

1.6 Technology Exchange Training
February 1995 - Visit to Nepal

2. Missions

Consultation Survey Team

Dr. Shoichi Endo	Leader
Dr. Toru Mori	Member
Ms. Junko Nemoto	Member

3. Dispatch of Japanese Expert

Long-term expert

Dr. Masashi Suchi - Sept. 1, 1992 - August 31, 1995
(Chief Adviser)

Mr. Yoshinori Terasaki - Dec. 10, 1992 - December 9, 1995
(Project Coordinator)

Short-term experts:

	Field of Expertise and Date of Visit
Dr. Akihiro Seita	Laboratory Network and Logistics April 24 - May 7, 1994
Ms. Akiko Fujiki	Bacteriology April 24 - May 21, 1994
Dr. Toru Mori	Epidemiology June 21 - 29, 1994
Mr. Seiko Nakaoji	Radiology July 13 - 27, 1994
Ms. Akiko Fujiki	Bacteriology August 14 - September 3, 1994

4. Counterpart Training in Japan

Dr. Lucia S. Florendo	Group Training Course on Tuberculosis Control June 23 - October 23, 1994
Ms. Yolanda Garces	Group Training Course on Laboratory Works October 3, 1994 to February 1995

5. Equipment

Approved Equipment list for 1994

Qty.	Name	Allocation
15	Binocular Microscopes	- Field units
1	Copier with sorter	- Cebu IPHO
1	OHP (desk top)	- Cebu IPHO
1	Screen	- Cebu IPHO
1	Sound system	- Cebu IPHO
1	Slide projector	- Cebu IPHO
5	Printing machines	- Cities of Mandaue & Lapu-lapu TB-CS, Manila, Region 7 & Cebu IPHO
50	Portable sound system	- RHUs
6	Motorcycles	- (for supervision/monitoring)

III. Annual Work Plan

Tentative Schedule of Implementation for Japanese Fiscal Year 1995- 1996

1. Expansion of ISA
2. Activities

2.1 Expansion of the New NTP Guideline

April '95 to March '96

- Field Testing

2.2 Intensification of Recording/Reporting System

April '95 to March '96

- Quality control of recording/reporting system at RHU level

2.3 Improving Logistics scheme

April '95 to March '96

- Establish suitable buffer stock system

2.4 Strengthening TB Laboratory Function

April '95 to March '96

- Quality Control of smear/culture examination

June '95

- Refresher Course for RHU Medical Technologists in new ISA

April to May '95 and July '95

- Dispatch of Japanese Expert

2.5 Enhancing IEC Activities

April '95 to March '96

- Establish suitable motivating system in community level

2.6 Implementation of Planned Seminars

May '95 to June '95

- Seminar for Medical Technologists, Doctors & PHN's in new ISA

3. Dispatch of Japanese Experts

Long Term

Dr. Masashi Suchi - September 1, 1992 to August 31, 1995
(Chief Adviser)

Mr. Yoshinori Terasaski - December 10, 1992 to December 9, 1995
(Coordinator)

Short Term (dates may be changed)

April - May 1995	- Bacteriology (1)
July 1995	- Bacteriology (2)
May 1995	- TB Control (1) Seminar for Doctors
May 1995	- TB Control (2) Seminar for PHNs
Aug. 1995	- Epidemiology
June 1995	- Radiology

4. Counterpart Training in Japan

Tuberculosis Control (Priority 1)
June '95 to Oct. '95

Laboratory works for TB Control (Priority 2)
Sept. '95 to Feb. '96

5. Provision of Equipment

List of Equipment for 1995 -96

Qty.	Name of Equipment
1	Computer & Printer
1	Copier with Sorter
1	OHP Desktop
1	Slide Projector
11	OHP Projector Portable
12	Screen Portable
12	Loud Speaker
10	Motorcycle
3	Printing Machine
30	Speaker (Handy Type)

TENTATIVE SCHEDULE OF IMPLEMENTATION FOR JAPANESE FISCAL YEAR 1995-96

PUBLIC HEALTH DEVELOPMENT PROJECT

ITEM		4	5	6	7	8	9	10	11	12	1	2	3
ACTIVITIES	1) Expansion of New NTP Guide Line (Field Testing)												
	2) Intensify Recording/Reporting System				Quality Control of recording/reporting system at RHU level								
	3) Improving logistic distribution scheme				Establish suitable buffer stock system								
	4) Strengthening TB Laboratory Function				Quality Control of smear/culture examinations								
				Refresher course for RHU Med. Tech. in new ISA									
	5) Enhancing IEC Activity				Establish suitable motivating system in community level								
	6) Implementation of planned Seminars			Seminar for Med.tech.,Drs. & PHNs in new ISA.									
MISSIONS													
DISPATCH OF JAPANESE EXPARTS	LONG TERM: 1) DR. MASASHI SUCHI (CHIEF ADVISOR)												
	LONG TERM: 2) MR. YOSHINORI TERASAKI (COORDINATOR)												
	LONG TERM: 3) 4) 5)												
	SHORT TERM: 1) BACTERIOLOGY(1)												
	SHORT TERM: 2) BACTERIOLOGY(2)												
	SHORT TERM: 3) TUBERCULOSIS CONTROL(1)												
	SHORT TERM: 4) TUBERCULOSIS CONTROL(2)												
	SHORT TERM: 5) EPIDEMIOLOGY												
	SHORT TERM: 6) RADIOLOGY												
COUNTERPART TRAINING IN JAPAN	1) TUBERCULOSIS CONTROL												
	2) LABORATORY WORKS FOR TB CONTROL												
	3)												
	4)												
EQUIPMENT		⟺Submitting A-4 form								Receiving equipment ⟺			

④ 合同タスクフォース委員会議事録

SUMMARY OF DISCUSSIONS OF THE JOINT TASK FORCE MEETING

Date : November 8, 1994
Time started : 10: 15 a.m.
Time ended : 12 noon
Presided by : Dr. Masashi Suchi
Present :

Dr. Shoichi Endo
Leader, Consultation Survey Team

Dr. Toru Mori
Member, Consultation Survey Team

Ms. Junko Nemoto
Member, Consultation Survey Team

Mr. Yoshinori Terasaki
Project Coordinator

Dr. Vivian Lofranco
National coordinator, TBCS, Manila

Dr. Lucia Florendo
MS IV/Provincial Coordinator

Dr. Enrique Sancho
Chief, Cebu Chest Center

Ms. Colita Auza
Regional TB Nurse Coordinator

Dr. Cristina Giango
Provincial TB Medical Coordinator

Ms. Leonides Manatad
Med. Tech., Cebu IPHO

Dr. Oscar Quirante
City Health Officer II, Mandaue City

Ms. Eden Baring
TB Nurse Coordinator, Mandaue City

Dr. Rodolfo Berame
City Health Officer II, Lapulapu City

Ms. Alice Balbuena
TB Nurse Coordinator, Lapulapu City

Dr. Medalla Borromeo
NTP Coordinator, Cebu City

Ms. Maria Carolyn Daclan
JICA, Technical Assistant

Agenda:

1. Project Activities
   - Progress Report
   - Annual Work Plan
2. ISA Expansion
3. Discussions of issues and concerns

Discussions:

1. The proposed schedule of project activities were presented to the group and comments were gathered from them.

2. Expansion of ISA

- As to the selection of the next ISA in the other areas of Cebu province, it was suggested that Cebu City should be covered. As observed, TB cases confined in the city increased. During the courtesy call with the Office of the City Health Officer II, Dr. Tomas Fernandez, he expressed his willingness to support the Project activities if ever Cebu City is chosen as one of the ISAs.

- There are no criteria for expansion but the population size and accessibility of the area will be considered. As suggested, it is appropriate to include Danao City because Danao District is already part of the present ISA except the City. A courtesy call to LGU will be made to solicit their commitment and support.

3. Field testing

- It was asked to TBCS concerning the time frame and plans of the field testing. Dr. Lofranco informed that the final draft of the new NTP guidelines was already submitted to the Office of the Secretary for comments.

- Dr. Mori suggested to introduce the new guidelines to the rest of the ISAs as one of the Project's purpose. Dr. Lofranco explained that it is appreciative if the new guideline is implemented in the ISAs. But preparation and extensive supervision/monitoring are needed as experienced in the field tested areas. Modifications will be made based on the results to see whether the guidelines is feasible or not.

- It was conveyed by the TB Coordinator of Cebu IPHO that she is amenable to the groups decision. The entire province is under her supervision except for Cebu City which is supervised by the Region.

- Dr. Mori asks from Lapu-lapu City Health Officer II, if they are willing to accept the new guideline. Dr. Berame responded positively and ultimately commits to it.

- Based on the initial findings in the field tested areas, increasing number of smear negative cases under treatment were noted. But in the Tibay baga campaign, positivity rate increased. With this, a good IEC for community awareness is needed.

4. Equipment

- Request were based on the previously allocated equipment.

- For the Cities, additional microscopes are needed for their plan to establish a microscopy center per district.

- It was informed that in Cebu City there are 6 microscopy centers. A visit to these areas is necessary to decide its equipment allocation.

- A pumpboat was requested for Lapu-lapu City for its 4 island barangays. It was explained that such request is difficult to carry out because JICA has no experience in providing such kind of equipment and safety & maintenance should be considered.

- Dr. Berame assured that maintenance of the pumpboat will be borne by the LGU, if provided.

- It was raised regarding the problem of shortage of microscopes in the reference laboratory for training. The number of trainees per batch is usually 25-30 participants and there are only 10 available microscopes . It was implied that if possible additional microscopes should be provided for training purposes.

- Dr. Suchi responded that the number of instructors should be proportionate to the number of trainees to supervise them appropriately. Since training is conducted with 30 participants/batch this issue should be looked into along with the delivery of an effective training programme.

5. Discussion of Concerns

- It was brought out by Dr. Sancho regarding culture and sensitivity tests. Dr. Mori cited that one of the purpose of the reference laboratory is to support the activities of the field units. Now, reference laboratory is not yet capable to do culture and sensitivity examinations because of the lack of manpower and other constraints. The quality of direct smear examinations should be enhanced first and be given priority.

- Comments were gathered about the need of a forum with private practitioners. Dr. Mori stated that its purpose is to make the private practitioners aware of the services afforded by the government and establish a good coordination with them. A short-term expert can be invited to be a resource speaker in this activity. This kind of meeting is welcome to strengthen the TB Program. Dr. Endo emphasized that the rationale for policies advocated by the government should be stressed in the forum.

/cbd111694

PROJECT ACTIVITIES (APRIL 1994 - MARCH 1995)

PUBLIC HEALTH DEVELOPMENT PROJECT

ITEM		4	5	6	7	8	9	10	11	12	1	2	3
ACTIVITIES	1) Strengthening TB Laboratory Function						Preparation of R/L activities		Refresher course for RHU Med. Tech.				
	2) Intensify Recording/Reporting System	Quality Control of recording/reporting system at RHU level							Quality Control of smear/culture examinations				
	3) Improving logistic distribution scheme	Establish suitable buffer stock system								Reinforce the activities of DSPMs			
		Dispatch of Logistics expert											
	4) Enhancing IEC Activity	Translation of video to local language					Proofreading & Dubbing						
								Information dissemination of the TB Program through radio					
									Motivation of BHW, utilization of mothers' class				
	5) Implementation of planned Seminars						Making of training manuals						
							Seminar for Med.tech. (4 courses)						
							Basic Seminar for Drs.& PHNs						
	6) Technology Exchange Training											Nepal	
MISSIONS	PLANNING & CONSULTATION MISSION												
DISPATCH OF JAPANESE EXPARTS	LONG TERM: 1) DR. MASASHI SUCHI (CHIEF ADVISOR)												
	LONG TERM: 2) MR. YOSHINORI TERASAKI (COORDINATOR)												
	LONG TERM: 3)												
	LONG TERM: 4)												
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	SHORT TERM: 1) BACTERIOLOGY(1)												
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	SHORT TERM: 3) TUBERCULOSIS CONTROL(1)												
	SHORT TERM: 4) TUBERCULOSIS CONTROL(2)												
	SHORT TERM: 5) EPIDEMIOLOGY												
	SHORT TERM: 6) RADIOLOGY												
	SHORT TERM: 7) LABORATORY NETWORK & LOGISTICS												
COUNTERPART TRAINING IN JAPAN	1) TUBERCULOSIS CONTROL												
	2) LABORATORY WORKS FOR TB CONTROL												
	3)												
EQUIPMENT			⟸Subaitting A-4 form							Receiving equipment ⟸⟹			

TENTATIVE SCHEDULE OF IMPLEMENTATION FOR JAPANESE FISCAL YEAR 1995-96

PUBLIC HEALTH DEVELOPMENT PROJECT

ITEM		4	5	6	7	8	9	10	11	12	1	2	3
ACTIVITIES	1) Expansion of New NTP Guide Line (Field Testing)												
	2) Intensify Recording/Reporting System					Quality Control of recording/reporting system at RHU level							
	3) Improving logistic distribution scheme					Establish suitable buffer stock system							
	4) Strengthening TB Laboratory Function					Quality Control of smear/culture examinations							
				Refresher course for RHU Med. Tech. in new ISA									
	5) Enhancing IEC Activity					Establish suitable motivating system in community level							
	6) Implementation of planned Seminars		Seminar for Med.tech.,Drs. & PHNs in new ISA.										
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DISPATCH OF JAPANESE EXPARTS	LONG TERM 1) DR. MASASHI SUCHI (CHIEF ADVISOR)												
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	LONG TERM 3)												
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	SHORT TERM 6) RADIOLOGY												
COUNTERPART TRAINING IN JAPAN	1) TUBERCULOSIS CONTROL												
	2) LABORATORY WORKS FOR TB CONTROL												
	3)												
	4)												
EQUIPMENT		⟷Subaitting A-4 form								Receiving equipment ⟷			

⑤ Documentation of Field Testing Activities (Mandaue City)

DOCUMENTATION OF FIELD TESTING ACTIVITIES

Date : June 9, 1994
Area : Mandaue City
Present : Dr. M. Suchi
Ms. C. Auza
Ms. C. Daclan

1. Distribution of forms to the City Health Office of Mandaue
   - NTP Lab. Request form
   - TB Registry
   - NTP Laboratory Registry
   - Treatment cards
   - NTP Identification card
   - NTP Referral/Transfer form

- The current FHSIS TB Symptomatic Masterlist in the BHS is utilized, following exactly what is being asked in the form because it is more or less the same as in the new guideline.
- Forms on SCC & SR patients in the TCL should no longer be filled up.
- Brief Explanation of each forms was stressed.

2. TB Case Number

- City TB Coordinator brought out that YEAR AND SERIAL NO. (consecutive) is convenient to assign in registering cases. In the BHS level, there is no report to be submitted in the RHU so codification of cases per BHS is not important.

- It was instructed that Midwives should collect sputum examination to TB symptomatic only and focus their attention in filling up the treatment cards correctly. Actual patient treatment and case holding activities should reflect in the treatment card.

- Request for streptomycin & Ethambutol for Regimen II cases was made.

3. The Laboratory has started following the format & guidelines of the new NTP from June, 1994. They were asked to enter the data of specimen examined in the new NTP Laboratory registry.

- Request of a safety cabinet was done.

4. They were encouraged to ask any questions anytime during the implementation phase or refer to the new guidelines.

5. Sputum cups was distributed last Friday, June 10, 1994.

Documentation of field testing activities page/2

June 14, 1994

- Mandaue City TB Coordinator & Med. Tech. asked if TB Laboratory Request form will be cut, with the part *"To be filled up by Midwife/treatment unit"* retained in the laboratory and the part *"To be filled up by microscopy unit/laboratory personnel"* shall be given to the Midwife concerned.

- It was explained that the completed form (with results), the laboratory should send this form to the BHS/Treatment unit.

/cbd 061494

DOCUMENTATION OF FIELD TESTING ACTIVITIES

DATE : June 17, 1994
AREA : Mandaue City
PRESENT: Dr. M. Suchi
Ms. C. Auza
Mr. E. Iwasaki - JICA Philippine Office
Ms. C. Daclan

DISCUSSIONS:

1. INITIATION OF TREATMENT

- Patients for treatment are given the initial blister pack in the Main Health Center and instructed to start taking the medication on the following day.

* It was encouraged, that the first day of drug taking should be done in the Health Center with the presence of the health personnel even if the patient has already taken his breakfast. It is a good opportunity to observe the patient, provide health education and instructions.

2. LABORATORY

- The Med. Tech. asked if the Laboratory Request Form is necessary for walk-in patients in the Main Health Center.

* Every patient for sputum examination should have a Lab. Request Form filled up by the doctor or admitting personnel before going to the Laboratory. All sputum specimen for examination whether for diagnosis or follow-up from the BHS should have a Lab. Request form with it, to avoid mishandling of specimen.

- It was learned during the visit, that the laboratory made a INDEX card to those patients who have submitted only one specimen, to easily retrieved them.

* It was explained that utilizing an index card is not prohibited, but it is one of the purpose of this field testing to decrease the workload of the Med. Tech. thus, forms are simplified. All information concerning the patient should contain in the lab. registry. Placing the TB Case No. is important to trace up the patient. A separate lab. request form should be filled up for the succeeding examination if the three (3) specimen is not submitted simultaneously except to those patients within the Main Health Center catchment areas because it can be easily located.

- Are the specimen labeled as S1, S2, S3 mean an on-the-spot, early morning, and on-the-spot collection? Some patients cannot give specimen right away, so an early morning sputum is submitted for S1.

* Ideally it is so, but It does not necessarily mean that S1 is the on-the-spot collection and so on. The most important is that a patient can submit one (1) early morning specimen among the three (3).

- NTP Lab. Register -column 6 Name of Treatment Unit, should be replaced to Name of Health Facility.

- Column 7 - Address (in new patients) should reflect the complete address of patients.

- It was noticed that the column on REMARKS was filled up with the number of follow-up, whether 1st, 2nd, 3rd sputum follow-up.

* It is significant to know the number of months of patient's drug intake (like end of 2nd mo.) for the follow-up than just indicating 1st sputum follow-up and etc. The laboratory was instructed to omit this information from the lab. registry. The RHM and the TB Coordinator should know this vital information to enter in the treatment card and TB registry than the Lab.

3. VISIT TO ONE (1) BHS

- One of the problems encountered by RHM/PHN, are those transient patients who collects their medication late.

* It was emphasized that drug collection during the Intensive phase should be on weekly basis as much as possible, and patients should be informed of its importance during initiation of treatment.

- TREATMENT CARD
- **What is the date to be reflected on the Follow-up examination, the collection date or sputum examination date as in Month 0 (before treatment)?**

- For the Midwives, collection date is convenient than the examination date.

* This issue should be conferred to TBCS first because in Month 0, examination date is placed.

4. SPUTUM CUP

- The previous sputum cup stock can be used within the Main Health Center but for the BHS, the new sputum cup is appropriate for transport.

/cbd 062094

DOCUMENTATION OF FIELD TESTING ACTIVITIES

DATE : June 24, 1994
AREA : Mandaue City Main Health Center & BHSs
PRESENT : Dr. Toru Mori
Dr. Masashi Suchi
Dr. Elaine Teleron
Ms. Colita Auza
Dr. Cristina Giango
Ms. Ma. Carolyn Daclan

DISCUSSIONS:

1. LABORATORY

- It was observed from the laboratory registry that some sputum results were not recorded in the registry after examination. The Med. Tech. claimed that those specimen were examined and read as negative. The results were written directly in the laboratory request form which were sent already to the Midwife.

- It was specified by the team that recording of results is very important whether positive or negative. The negative results is a basis for further evaluation of the patient. Sputum examination results shall be recorded first in the lab. registry and then copied to the lab. request form to avoid sending of lab. request results to the BHS without entering in the lab. registry. It is also necessary to affixed the signature of microscopist to check who read, recorded and reported the smear slides.

- As to the sputum cups no leakage was noted. A bad smell and drying-up of sputum was experienced, if submitted a few days after collection.

- It was requested that RHM should submit their sputum specimen as soon as possible to avoid the occurrence of this situation.

- So far there were 120 sputum examination done, 88 of which were for diagnosis and 32 were for follow-up. There were 53 examination with three (3) specimen and 35 with less than three (3). Sputum positive identified was ten (10).

2. INITIATION OF TREATMENT

- It was known that TB treatment for Regimen I and III were started by Midwives in the BHS. Only Regimen II were initiated with doctors presence.

- The team recommended that for the initiation of TB treatment, doctors assessment is vital especially to Regimen II & III because this entails thorough history taking of previous treatment. It was strongly proposed that TB treatment should be initiated by the doctor.

Documentation of field testing activities page/2

3. TB REGISTRY

- It was noted that the previous registry were discontinued from February this year. The importance of retaining a central registry was emphasized. With the new registry, still few cases were registered. Among the 10 Sm(+) cases discovered, only 3 cases were entered in the registry.

- The team stressed that as soon as the treatment card is opened, the case should be immediately registered. Its one of the advantages of starting treatment in the Main Health Center to avoid missing a case unregistered. In certain instances when a patient has started treatment in the BHS during the doctors clinic visit, the Midwife should bring the treatment card in the MHC the earliest time possible.

June 27, 1994

Visit to Mandaue City

1. TB REGISTRY

- There were already 23 cases registered, each cases were reviewed by the team.

- Here's some of the difficult cases registered :

a. A Sm(+) case, cured and again with active moderately advanced PTB but Sm(-). This case might be classified as OTHERS. The TB Coordinator was instructed to place this notation on the Remarks.

b. A case of Primary complex was also registered. The child was given Rifampicin and INH syrup.

c. A patient was treated in a private doctor for 6RHZ as reported by him, and came back again with X-ray result of PTB minimal and Sm(-). No follow-up examination was done.

- This case can be classified as OTHERS and can be treated with Regimen III.

d. A case of Sm(+) patient treated with 2 months of SCC, defaulted for 2 months and came back Sm(-).

- This case is a TREATMENT AFTER LOSS and to continue Regimen I.

2. It was agreed with the Medical Officers that TB treatment will be started by them.

- All inquiries were being clarified.

DOCUMENTATION OF FIELD TESTING ACTIVITIES

DATE : July 7, 1994
AREA : Mandaue City
PRESENT : Dr. Masashi Suchi
Ms. Colita Auza
Ms. Ma. Carolyn Daclan

DISCUSSIONS:

1. LABORATORY

- It was observed that the unfilled up column in the Name of Microscopist was now filled up with signature including those before June 24, 1994.

- From June 1-July 1, 1994 the following figures were gathered from the laboratory,

Total no. of slides examined	- 167
No. of exam. for diagnosis	- 125
No. of exam with 3 specimen	- 105
Less than 3 specimen	- 20

- In the later part of the Lab. registry, it revealed that majority of symptomatics were examined with three (3) specimen.

No. of slides examined	- 37
Less than 3 specimen	- 36
No. of exam. with 1 specimen	- 1

- The items in the Lab. registry was well recorded.
- Sputum specimen received from the BHS without lab. request form were noted in the lab. registry. The old form were utilized in sending the results to the BHS.
- It was stressed that a lab. request form is not only for requisition but also serve as a result form, thus should be filled up even if information about the patient is incomplete.

2. LAB. REQUEST FORM

- There were 22 lab. request remained in the laboratory. Some items were not filled up like age, sex, disease classification and in reason for examination.
- It was suggested that these items should be checked and filled up completely before sending it to the laboratory.

3. TB REGISTRY

- Total no. of registered cases- 54

Regimen I	- 28 (1 not written)
Smear (+)	- 12 (43 % of Reg. I)
Smear (-)	- 16

Regimen II (Smear +)	- 3
Regimen III	- 20
Primary Complex	- 3
Total no. of Smear (+)	- 15

TYPE OF PATIENT	
New	- 40
Relapse	- 1
Transferred in	- 2
Treatment failure	- 2
Treatment after loss	- 0
Blank	- 9

- The column on Remarks should be utilized especially for unclassified cases. For Transferred- in or Treatment After Loss the following should be noted in the Remarks, WHERE the patient was treated, WHAT Regimen was given, DURATION of treatment and SMEAR EXAM. RESULTS. For some cases OUTCOME OF TREATMENT is beneficial to be placed.

/cbd 071894

DOCUMENTATION OF FIELD TESTING ACTIVITIES

DATE : July 28, 1994
AREA : Mandaue City Main Health Center
PRESENT : Dr. Masashi Suchi
Ms. Colita Auza
Ms. Ma. Carolyn Daclan

DISCUSSIONS:

The team visited the Laboratory of Mandaue City.

1. LABORATORY REGISTRY
- As seen from the laboratory logbook the following figures were gathered.

From June 1 - July 27, 1994

Total no. of symptomatics examined	: 285
Total no. of positive	: 28 (28/285 = 10%)

From July 4- 27, 1994

- Total no. of symptomatics examined	: 118
For diagnosis	: 93
Smear (+)	: 13 (13/93 = 14%)
No. of doubtful result (with only 1 sputum positive)	: 3
Less than 3 specimen	: 25
No. of follow-up exam.	: 24
Unknown	: 1

From July 4-22, 1994

- Total no. of specimen examined	: 94
For diagnosis	: 70
With 3 specimen	: 52 (52/70 = 74.3%)
Less than 3 specimen	: 18
No. of follow-up exam.	: 24

- As observed in the lab. registry, the date placed on column 2 DATE and in the DATE ON RESULTS SPECIMEN is the date the specimen is registered in the laboratory because most of specimen brought are examined as soon as possible or fixed at the same day.

2. TB REGISTRY
- From June 15 - July 22, 1994 the type of patient are well recorded.

- From June 13 - July 27 : 85 cases
  Classification of cases:
  - Pulmonary : 76
    - Smear (+) : 25 (25/76 = 33%)
    - Pulmonary, New : 56 (56/76 = 74%)
    - New Smear (+) : 18 (18/56 = 32%)
    - Unknown : 2
    - Primary complex : 7

  - Pulmonary
    - Regimen I : 38
    - Smear (+) : 20 (20/38 = 53%)

- The 1993 Accomplishment are as follows:

Case finding
No. of Symptomatics examined : 7045
No. of smear examination done : 7022
No. of smear positive : 272 (272/7022 = 4%)

- No. of X-ray positive : 154
Cavitary : 24
Far advance : 37
Moderately advance : 42
Minimal : 51

- SCC smear (+) : 270 (270/300 = 90%)
Cavitary : 30 (30/300 = 10%)
- SR : 126
Total : (270/426 = 63%)

- As compared to 1993 accomplishment, positivity rate with the implementation of the new guideline is lesser as compared to 1994. This maybe brought about by employing of passive case finding instead of active. Since cases to be treated with Regimen I also include moderately and far advance cases, an increase in this number is noted.

3. LABORATORY REQUEST FORM

- There were 17 request forms seen in the laboratory. Eleven (11) of them are completely filled up, 5 with incomplete information and 1 has incorrect entry on the date of sputum collection.

/cbd 072894

DOCUMENTATION OF FIELD TESTING ACTIVITIES

Date : August 9, 1994
Area : Mandaue City
Present : Dr. M. Suchi
Ms. C. Auza

1. TB Laboratory Registry
From July 22 to Aug. 5
- Total No. of Symptomatics examined : 95
  For Follow-up : 16 (4 follow-up exam. with TB Case No. following the new coding)
  For Diagnosis : 79
  With 3 specimen : 61 (61/79 = 77%)
  < 3 specimen : 18 (18/79 = 23%)
  Smear Positive : 7 (7/79 = 9%)

- There were 2 symptomatics for diagnosis with only 1 smear positive result (doubtful). It was known that one could not be traced because of incomplete address and the other one left for Bohol on the day the results was received by RHM.

2. TB Registry
From July 27 to Aug. 9
- Total No. of Registered Cases : 24
  Pulmonary Cases : 24
  New : 20 (20/24 = 83%)
  Sm(+) : 7 (7/20 = 35%)
  Relapse : 1 (1/24 = 4%)
  Sm(+) : 1 (100%)
  Blank : 4 (1 of Blank is actually New, so 20 New and 3 Blank)

* One (1) New case was blank on type of patient because this case was registered when the TB coordinator was not around.

- Regimen I
  New : 12
  Sm(+) : 7 (7/12 = 58%)
- Regimen II
  Relapse : 1
  Sm(+) : 1 (100%)
- Regimen III
  New : 8
  Blanks : 3

3. Reporting system
- Relationship with FHSIS:
  To comply with the FHSIS the RHM has to report treatment activities monthly, but the New Guideline does not require any report from BHS to RHU.

- How is exemption of FHSIS going?

- Maintenance of Registry on follow-up examination
  Once a week, the TB Coordinator will check the lab. registry for those patients who had follow-up exam. done and then update the TB registry. She can then check who are those patients who have not submitted for a follow-up exam. For those whose follow-up exam. is due for following week a list of patients with the TB case No., date and exam. result will be made.

4. Type of Patient
- Someone think about "Others" has specific definition. But, actually we should think first which category a case will fit in. When no classification can be made, such case can be classified as "Others".

DOCUMENTATION OF FIELD TESTING ACTIVITIES

Date : October 6, 1994
Area : Mandaue City
Present : Dr. Vivian Lofranco
Ms. Maria Carolyn Daclan

1. TB Registry
Total no. of cases/month:
JUNE - 11 smear (+) cases
Regimen

I	Smear (+)	- 9
	Smear (-)	- 7
II	Smear (+)	- 2
III	Smear (-)	- 15

JULY - 13

I	Smear (+)	- 12
	Smear (-)	- 13
II	Smear (+)	- 1
III	Smear (-)	- 24

AUGUST - 20

I	Smear (+)	- 19
	Smear (-)	- 17
II	Smear (+)	- 1
III	Smear (-)	- 23

SEPTEMBER - 8

I	Smear (+)	- 8
	Smear (-)	- 21
II		- 0
III	Smear (-)	- 24

OCTOBER - 1

I	Smear (+)	- 1
	Smear (-)	- 1

2. NTP Lab. Registry
- The registry is well filled up with TB case no. on it.

3. Patients Two (2) BHS were visited, those that has a complicated or problem cases.

- One case is a Smear (-) patient on entrance but became Smear (+) on the 2nd month follow-up. The patient is shift to Regimen II.

- It was suggested that culture will be done to one smear (+) case who continously became Smear (+) even after the 4th month of follow-up exaamination.

MANDAUE CITY PROFILE

Population	: 183, 991
No. of BHS	: 27 divided into 3 districts
No. of brgys	: 27
Manpower	: 5 MHO
	2 Dentist, 1 dental aid
	4 PHNs (permanent)
	26 PHNs (contractual)
	6 RHMs (permanent)
	21 RHMs (contractual)
	72 Active BHWs
Hospital	: 1 government with 10 bed capacity
	1 private with 100 bed capacity

CBR (rate)	: 22.79
CDR	: 3.79
MMR	: 0
IMR	: 22.29

10 Leading Cause of Morbidity, 1993

1. Acute respiratory infection
2. Diarrhea
3. Skin problem
4. Anemia and other nut. vitamin deficiency
5. Wounds (all types)
6. Influenza
7. Parasitism
8. Pneumonia
9. Measles
10. Essential hypertension

10 Leading Causes of Mortality, 1993

1. Pneumonia
2. CVA secondary to essential
3. Malignancy
4. Degenerative heart disease
5. Wounds (incl. medico-legal)
6. Septicemia
7. Pulmonary TB
8. Measles
9. Diarrhea
10. Acute respiratory distress syndrome

Mandaue City Profile page/2

NTP ACCOMP. (1993)

Total no. of smear examination done: 7, 022

No. of Smear (+)	:	272 (272/7022 - 4%)
No. of X-ray positive	:	154
- SCC Smear (+)	:	270 (270/300 = 90%)
Cavitary	:	30 (30/300 = 10%)
- SR	:	126

NTP ACCOMPL. 1994

June to August 5

Total no. of slides examined	:	356
For Diagnosis	:	274
With 3 specimen	:	218 (218/274 = 80%)
Less than 3	:	56 (56/274 = 20%)
Follow-up exam. done	:	82
Smear (+)	:	28 (28/274 = 10%)
(June 1 - July 27, 1994)		

Total no. of cases/month:

JUNE- 11 smear (+) cases

Regimen

I	Smear (+)	- 9
	Smear (-)	- 7
II	Smear (+)	- 2
III	Smear (-)	- 15

JULY- 13

I	Smear (+)	- 12
	Smear (-)	- 13
II	Smear (+)	- 1
III	Smear (-)	- 24

AUGUST - 20

I	Smear (+)	- 19
	Smear (-)	- 17
II	Smear (+)	- 1
III	Smear (-)	- 23

SEPTEMBER - 8

I	Smear (+)	- 8
	Smear (-)	- 21
II		- 0
III	Smear (-)	- 24

* Main findings of the field tests:

- As passive case finding is employed, positivity rate increases as compared to 1993.

- Most of symptomatics were examined thrice with only 20 % examined with less than 3 specimen.

- The number of smear (+) and smear (-) patients under Regimen I are almost parallel. An increasing number of X-ray positive before sputum examinations are done was observed.

- Treatment initiation of TB cases are done by Medical Officers.

- Linkage of TB laboratory logbook and TB registry can be easily made.

- Cases of primary complex are noted.

⑥ Documentation of Field Testing Activities (Dallaguete RHU I)

DOCUMENTATION OF FIELD TESTING ACTIVITIES

Date : June 10, 1994
Area : Dalaguete RHU I
Present : Dr. M. Suchi
Ms. C. Auza
Ms. C. Daclan

Distribution of forms/supplies to Dalaguete RHU I
1. The MHO cited a case of smear positive identified but will transfer to another province. They gave him a transfer form but didnot start the treatment.

- It was recommended to start TB treatment and refer for continuance of treatment to the referred facility.

2. They asked if sputum cups provided can be reused, to decrease the bulk of garbage. These material is hard to dispose and can cause pollution to the environment. They opted that lysol solution will be used to disinfect these cups.

- Dr. Suchi answered that the safety of reusing the cups is not determined especially to sputum positive, like in the case of smear slides. Smear (-) slides can be reused but smear (+) will have to be discarded to prevent contamination of bacilli.

3. TB Case Number
- The MHO cited that codification of BHS is not necessary and may contribute confusion in the future unless placed only to determine which BHS the patient is receiving TB treatment. The YEAR and consecutive SERIAL NO. is sufficient for a TB Case No.

4. A safety cabinet to be utilized for smearing in the RHU is welcomed.

/cbd 061494

DOCUMENTATION OF FIELD TESTING ACTIVITIES

June 16, 1994

The following case situations were asked from Dalaguete RHU I.

Case I

PATIENT PROFILE:

- Patient had a recent X-ray result of PTB minimal, complaints of cough for 4 months with chest and back pains.
- Sputum examination is NEGATIVE examined last June 6, 1994.
- Previous TB history revealed that he was treated for 1 year under SR with INH alone last 1990.

QUESTIONS:

A. At which TYPE OF PATIENT can this case be classified?

B. Can he be included following the new guidelines since field testing period started last June 13, 1994 and his sputum exam. was done June 6, 1994 although started Tx June 13.?

ACTION TAKEN BY THE RHU:

- Three (3) sputum specimens are examined - result is NEGATIVE.
- Admit and treat the patient with Regimen III.

ADVISE GIVEN:

A. It is not sure if this is a case of TB or not since the patient is smear (-) and has and completed TB treatment before. X-ray result is PTB minimal only and there is no indication if it is active or not. The MHO & PHN was asked to verify this case and assessed the patient more closely.

- If this is really an "active" TB case , the patient can be initiated with Regimen III.

- Leave the columns on TYPE OF PATIENT blank in the TB Registry but indicate in the Remarks the following statement: Completed SR Tx for 1 year, Sx recur but Smear exam. is negative.

COMMENT:
- In this type of cases, placing OTHERS instead of FAILURE should be considered.

B. Include this case for the field testing since the basis is on DATE OF REGISTRATION not the sputum examination date.

Case II

PATIENT PROFILE:

- Had undergone SCC treatment for 4 months in a government facility but stopped last December 1993.
- Consulted the RHU with complaints of slight hemoptysis, cough and chest pain.
- Had a Chest X-ray taken recently with result of Secondary PTB, Minimal.
- Sputum examination was NEGATIVE in three (3) specimen.

QUESTIONS:

What is the TYPE OF PATIENT and REGIMEN to be taken?

ACTION TAKEN BY THE RHU:

- Sputum examination - result is Sm (-)
- Admit in Regimen III

ADVISE GIVEN:

- Determine if patient is Smear (+) at the start of his first treatment.
- Confirmed from the Laboratory registry if three (3) specimen submitted are all NEGATIVE.
- If patient is smear (+) at the start of previous treatment and negative now, he is classified as **TREATMENT AFTER LOSS** because patient has taken TB drugs for 4 months already and **should continue taking Regimen I** (maintenance phase for 2 months).

/cbd06169

DOCUMENTATION OF FIELD TESTING ACTIVITIES

DATE : June 23, 1994
AREA : Dalaguete RHU I
PRESENT : Dr. Masashi Suchi
Dr. Toru Mori
Dr. Elaine Teleron
Ms. Colita Auza
Dr. Cristina Giango
Ms. Ma. Carolyn Daclan

DISCUSSIONS:

1. TB REGISTRY
- column 12 BEFORE TREATMENT
The space of the upper line shall contain the RESULT OF SPUTUM EXAMINATION before treatment and the lower half is the DATE OF EXAMINATION.

- In cases when all specimen submitted are POSITIVE, enter the result with the heaviest positive and date or if the same, enter the latest date (WHO earliest date).

- It was observed that sputum positive identified from the laboratory, were registered in the TB registry prior to treatment. They reasoned that it is easier to trace up the patient in this way than waiting after initiation of treatment.

- It was reiterated that a patient can only be registered in the TB registry after treatment was started. The purpose of the registry is to have a list of all TB cases treated in a catchment area and to document the outcome of this treatment. If it is easier for them, exceptional cases can be entered in the registry as in the case of one patient who was not started due to a manifestation of tremors and other symptoms. But the reason for it should be placed in the remarks.

2. NTP LABORATORY REGISTRY
- column 9 RESULTS SPECIMEN
- If specimens were submitted simultaneously, the date of examination is entered on the column on DATE. If different date, enter the EXAMINATION DATE above the RESULT of specimen.

3. LAB. REQUEST FORM
- The RHU make this form in duplicate, one (1) copy is retained in the laboratory and a copy is sent back to the requesting BHS. For clinical record purposes, a clinical patient record is utilized.

- It was agreed that since same information is contain in the lab. registry and on the TB symptomatics masterlist, only one form is needed to be filled up and after recording of results, sent back to the BHS.

Documentation of field testing activities page/2

- SPECIMEN CODE NO. column - instead of placing a check (/) mark, the DATE OF COLLECTION was instructed to be placed. This makes filling up more simpler and accurate than ticking.

It was noted that in the date of sputum collection, several dates were written corresponding to the date of collection. The space for date of sputum collection below was omitted.

- The column on REMARKS can be utilized in describing the appearance of the sputum as to salivary, mucopurulent etc., to encourage RHM to collect quality specimen aside from placing the final diagnosis (whether positive, neg. or doubtful) which can be known based from result of the 3 specimen.

- The personnel were informed of the other changes made like the column on NAME OF TREATMENT UNIT to NAME OF COLLECTION/TREATMENT UNIT.

4. TB CASE CLASSIFICATION & MANAGEMENT
- Pls. refer to Documentation of Field Testing Activities dated June 16, 1994, Case II. The RHU personnel had verified that the patient was Sm(+) on the first treatment and had taken SCC blister packs for 3 months as described by the patient. The present X-ray result revealed active moderately advanced PTB but Sm(-) on sputum examination.

ACTION TAKEN:
- This patient is classified as TREATMENT AFTER LOSS and was advise to continue REGIMEN I of 3HR. This is one of the problem cases met, when patient claimed that he has been treated before but without any record and had treatment interruption of more than 2 months.

- One smear(+) case discovered was not put to treatment immediately due to manifestation of tremors and the MHO was hesitant to start the anti-TB drugs for the fear that condition might worsen in case adverse drug reaction will occur.

ACTION TAKEN:
- The team visited the patients' home. The client was assessed and history was taken. Treatment was started with Regimen I.

5. TB SYMPTOMATICS MASTERLIST
- It was emphasized to the Midwife of the BHS visited that every time a sputum examination is requested to a TB symptomatic, data should be entered immediately to this logbook to make it easier to follow its result. A patient who belong to a certain barangay who consulted and submitted for sputum exam. in the RHU will be recorded under the RHU catchment. It is convenient and since target is no longer considered.

- A complaint was received regarding low quality of reagents purchased and used since May 1994. The Med. Tech. was advised to change that brand of reagents. Some smear slides were viewed. It was observed that staining of TB bacilli is not clear. Three (3) positive slides were brought and confirmed by Mr. Loberiza and all were positive (++) with same grading results as reported.

DOCUMENTATION OF FIELD TESTING ACTIVITIES

DATE : July 8, 1994
AREA : Dalaguete RHU I
PRESENT : Dr. Masashi Suchi
Ms. Madelene Ocampo
Ms. Ma. Carolyn Daclan

DISCUSSIONS:

1. LABORATORY REGISTRY
- It was suggested that instead of placing a serial number and the year, a SERIAL NO. alone will suffice because with the succeeding year, a new serial no. will be assigned for the slides.

2. TREATMENT CARD
- Four (4) treatment card was seen during the visit. In the two (2) cards, the space for Reference and in one (1) card the Region, Province was not indicated.

- It was noted that in the SPUTUM EXAMINATION BEFORE TREATMENT, the date of examination with the results of the three (3) specimen whether negative or positive was placed. The RHU staff reasoned that it is clearer this way than just placing the positive results.

- It was cited that in the procedural guidelines, only the positive results will be placed. At this time, since it is easier for them to carry out, they were asked to continue it as it is.

- In the drug collection portion of the treatment card, appointment dates were written instead of the DUE DATE of the drug.

- It was straightened that DUE DATE means the last day of the blister pack. Indicating the appointment dates in the NTP identification card need to be discussed further by the team.

- There were a total of 14 cases registered. The breakdown are as follows:
  Regimen I - 5 (4 Sm +) , New)
  Smear (-) - 2 (continue Reg. I)

  Regimen II - 1 (Smear +) , Relapse)

  Regimen III - 6

Documentation of Field Testing Activities page/2

3. TB SYMPTOMATICS MASTERLIST

- The Midwives were asked what date is convenient for them to fill up in the TB symptomatics masterlist whether the SPUTUM COLLECTION DATE or SUBMISSION DATE. They responded that collection date is more convenient.

- Since further discussion is yet to done for this modification, at the moment they were requested to place the SUBMISSION DATE and the DATE RESULT RECEIVED in the Remarks column.

- It was gathered that sputum leakage was noted.

/cbd 071894

DOCUMENTATION OF FIELD TESTING ACTIVITIES

DATE : July 29, 1994
AREA : Dalaguete Rural Health Unit
PRESENT : Dr. Masashi Suchi
Ms. Colita Auza
Ms. Madelene Ocampo
Ms. Ma. Carolyn Daclan

DISCUSSIONS:

1. LABORATORY REQUEST FORM

- During the visit, there were 5 specimen submitted in the laboratory. Three (3) specimen has a request form and two (2) are without request.

- **From June 13 - July 28, 1994**

Total No. of symptomatics examined : 104

From June 13 - July 22, 1994

- Total No. of symptomatics examined : 99
  - For follow-up examination : 7
  - For diagnosis : 92
  - Less than 3 specimen : 16
  - With 3 specimen : 76 (76/92 = 83%)
  - No. of positive : 5 (5/92 = 5.4%)

From July 4 - 22, 1994

- No. of symptomatics examined : 39
  - For diagnosis : 32
    - Less than 3 specimen : 6
    - With 3 specimen : 26 (26/32 = 81%)
    - Smear (+) : 1 (1/32 = 3%)
  - For Follow-up : 7

2. TB REGISTRY

From July 12, 1994 - July 29, 1994

- One (1) case is registered under Regimen I, New, Pulmonary.
- 1 Transferred out case

From June 13 - July 12, 1994

- No. of cases registered : 15
  - Pulmonary : 15
  - Regimen I : 8
    - New : 6 (6/8 = 75%)
      - Smear (+) : 4 (4/6 = 67%; 4/8 = 50%)
    - Treatment After Loss : 2 (2/8 = 25%)

- Regimen II	: 1	(already transferred out)
- Regimen III	: 6	
New	: 5	
Others	: 1	

- A complaint was received concerning the promptness of logistic supply of Ethambutol and Streptomycin drugs for Regimen II. It became a problem because of one relapse case who will transfer to another municipality which is also faced with drug shortage.

- The team was able to discuss with the DSPHN in Argao regarding their role and function after the devolution. She explained that their function now is more on monitoring. They also provided technical support to field personnel and gathered reports from their catchment RHUs. Reports are to be consolidated semi-annually and submitted to the Regional Health Office as instructed during the Orientation workshop for retained personnel. On the other hand, Cebu, IPHO also gathers reports from the field and submit it to the Region.

/cbd 072894

DOCUMENTATION OF FIELD TESTING ACTIVITIES

Date : August 10, 1994
Area : Dalaguete RHU I
Present : Dr. M. Suchi
Ms. Colita Auza
Ms. Ikuko Moriguchi - MCH/FP Project, Tarlac

1. Casay BHS

- Treatment cards and received lab. request forms with results in one file. All of lab. request forms not under the treatment have 3 negative results.

- Four treatment cards were observed.
  - Majority of columns were filled- up
  - Drug collection were recorded well with action taken
  - Home visiting were done weekly
  - The lab. request form with sputum exam. results are attached with matched treatment card.
  - All of patients have their own treatment day such as "drug collection every Monday" and the Name of BHW supervising the patients treatment. They are written at the back of the lab. request form

- For Smear (-) patients under treatment, it is benefecial to have a column on X-ray exam. results in treatment card to know the reason for anti-TB treatment.

- For transferred-in with clear treatment history, how shall we fill-up the column on drug collection? Which week is the start of treatment be recorded?

- As observed in the drug collection column, many of TB drug supply are done by RHM instead of the patient.

- Updating of follow-up exam results in the treatment card is delayed.
- Follow-up cases has no lab. request form

2. Cawayan BHS

- Two (2) treatment cards are observed.
  - Majority of the column were filled-up
  - Home visiting is done weekly but not recorded in the treatment card.

- There were some difference observed on the recording of the TB Symptomatics masterlist and on the lab. request form.
  - The date in the TCL is inconsistent with that of the lab. request form
  - Some of the Lab. request form were returned to the BHS with no result written in the Lab. part of request form. But in the TCL results was already recorded as negative.
- The flow of the job should be standardized and clear.

- Early morning specimen is encouraged for follow-up exam.

3. RHU

- Walk- in patients in the RHU has no lab. request form instead patient go directly to the laboratory after he has been examined by the MHO.

- One of a Smear (+) case in a BHS not registered in the lab. registry on the same date of examination because Med. Tech. forgot to register it on time.

- Some of specimen are submitted without lab. request form. This can be a cause of missing the registration of the specimen.

- Streptomycin 200 vials and Ethambutol were distributed.

4. TB Registry

From July 30 - August 10, 1994
- One (1) case is registered under Regimen I, Pulmonary, New , Smear (+).

5. Laboratory Registry

July 25 - August 10, 1994
Total no. of symptomatics examined: 37
For Follow-up : 10
For diagnosis : 27 (27/37 = 73%)

July 25 - August 5, 1994
Total no. of symptomatics examined: 25
For Follow-up : 6
For diagnosis : 19 (19/25 = 76%)
With 3 specimen : 15 (15/19 = 79%)
Less than 3 : 4 (4/19 = 21%)
Doubtful : 1

/081194

DOCUMENTATION OF FIELD TESTING ACTIVITIES

Date : October 5, 1994
Area : Dalaguete RHU I
Present : Dr. Vivian Lofranco
Dr. Cristina Giango
Ms. Colita Auza
Ms. Madelene Ocampo
Ms. Maria Carolyn Daclan

1. TB Laboratory Registry
From August 2 - October 4, 1994

- Total No. of Symptomatics examined : 196
  For Follow-up : 34
  For Diagnosis : 162
  With 3 specimen : 137 (137/162 = 85%)
  < 3 specimen : 25 (25/162 = 15%)
  Smear Positive : 13 (13/162 = 8%)
  For surveillance : 2

- No. of examinations/month:
- JUNE
  Total no. of examinations done : 53
  For diagnosis, with 3 specimen : 44
  With less than 3 : 4
  Follow-up exam. : 5

- JULY
  Total no. of examinations done : 55
  For diagnosis, with 3 specimen : 39
  With less than 3 : 8
  Follow-up exam. done : 8

- AUGUST
  Total no. of examinations done : 123
  For diagnosis, with 3 specimen : 98
  With less than 3 : 5
  Follow-up exam. done : 20

- SEPTEMBER
  Total no. of examinations done : 82
  For diagnosis, with 3 specimen : 52
  With less than 3 : 30
  Follow-up exam. done : 0

Ave. no. of slides examined/month : 78

Documentation of field testing activities page/2

2. TB Registry

June 13, 1994 - October 5, 1994

- Regimen I
  New - 19
  Smear (+) - 17
  Treatment after loss - 2

- Regimen II
  Relapse - 1

- Regimen III
  New - 11
  Others - 1
  Total - 12

- Follow-up examinations:
  Regimen I
- 2nd month Follow-up
  Smear (-) - 7
  Smear (+) - 1

- 3rd month
  Smear (-) - 1

- 4th month
  Smear (-) - 1
  Smear (+) - 0

- 5th month
  Smear (-) - 1

Regimen II
- 3rd month
  Smear (-) - 1

Regimen III
- 2nd month
  Smear (-) - 6

3. Some TB Lab. request forms seen were completely filled up.

4. The team visited three (3) Barangay Health Stations. Patient with some problems/complaints on their treatment were visited and interviewed. One patient under Regimen II who refused to continue her treatment was visited at home. The patient discontinue her treatment because of manifestation of some adverse drug reactions like chills and severe dyspnea noted a few minutes after drug intake. With this complaint, treatment was modified and the dose is adjusted. The patient was advised to visit the health center the following day.

Health services devolution deferred

Congress agreed yesterday to suspend for four years the devolution of health services from national agencies to local government units starting next year.

Sen. Freddie Webb, chairman of the Senate committee on health, said the legislature's

HE PHILIPPINE STAR WEDNESDAY, OCTOBER 26, 1994

Health services From Page 1

decision was reached during a bicameral conference committee meeting on a bill seeking suspension of the devolution process.

Under the Local Government Code, basic services under the jurisdiction of national agencies such as health, education, environmental protection and taxation are transferred to local government units (LGUs).

But LGUs complained that the devolution process, particularly the transfer of health services, was eating up their money and forcing most of them to go bankrupt. The devolution included the transfer of personnel previously employed in national agencies to the LGUs.

Bulacan Gov. Roberto Pagdanganan, chairman of the League of Provinces, said the devolution of health services affected the operation of hundreds of government hospitals in rural areas because many LGUs lacked the funds to pay for the salaries of the devolved health personnel.

The bicameral conference committee approved the suspension for four years of the devolution of health services, but still authorized LGUs with enough funds to go ahead on their own.

The consolidated bill on the health services allows LGUs to continue with the devolution process under the following conditions:

•The local health board must approve by a majority vote a resolution endorsing the continuation of the devolution process to the local legislative council.

•The local Sanggunian must enact an ordinance ratifying the resolution within 30 days.

•If the Sanggunian, the mayor or governor rejects the resolution, it is automatically sent to a Health Devolution Review Panel which must be created 15 days from the date of the action.

•This panel must complete its review of the resolution and determine if the LGU concerned can indeed absorb the cost of the devolution process.

The consolidated bill also further democratizes the country's health services by mandating the Department of Health to consult public health workers in the field and other concerned sectors in identifying problems of health service delivery under a devolved set-up.

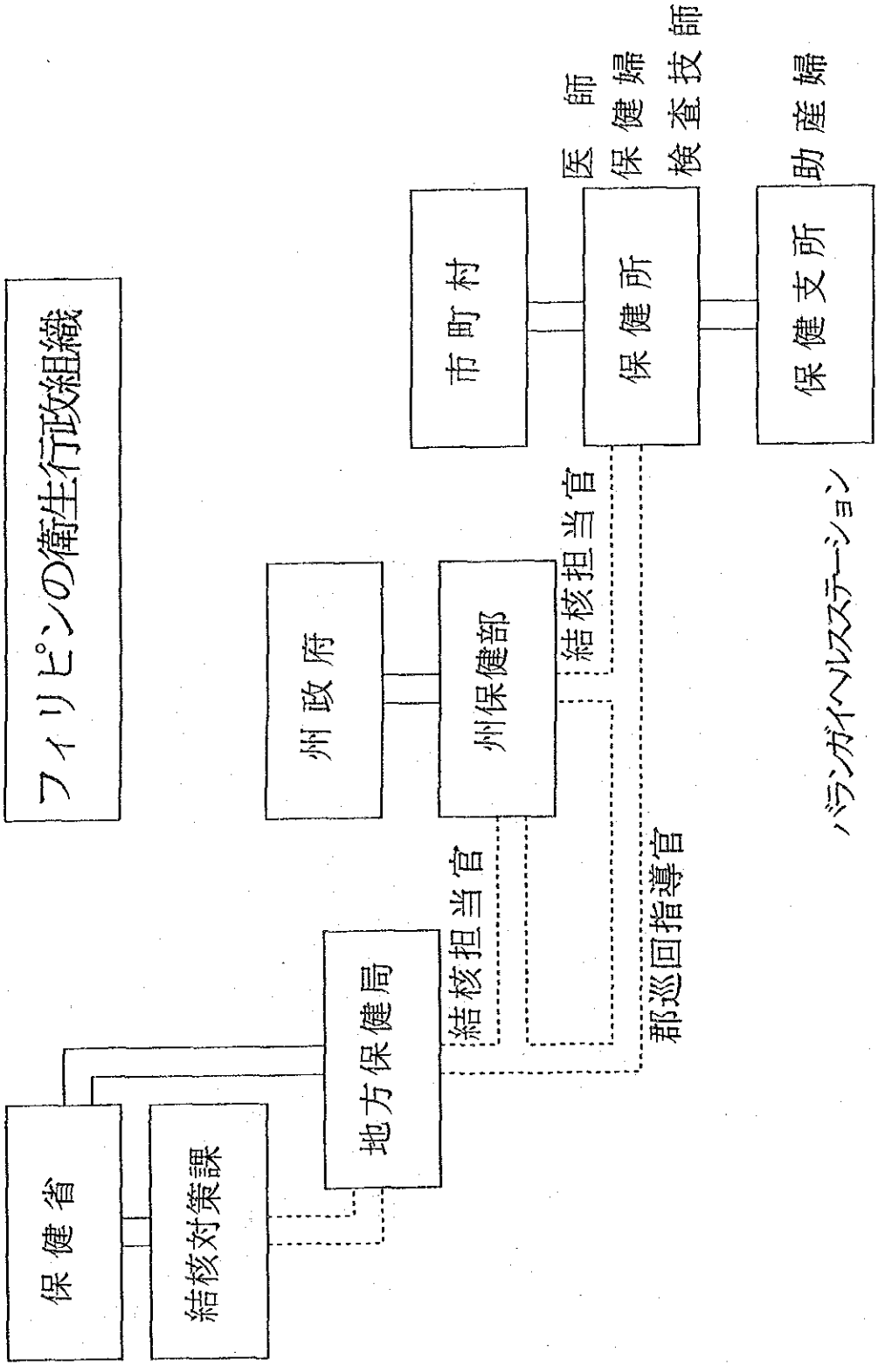
Webb said appropriations for benefits provided under the Magna Carta for Public Health Workers will be included in the 1995 budget.

— **Bobby Capco**

参　考　資　料

① フィリピンの衛生行政組織図
② ＩＳＡ（強化サービス地域）基本データ
③ ＩＳＡ（強化サービス地域）地図
④ 第１回合同調整委員会議事録
⑤ 第２回合同調整委員会議事録

① フィリピンの衛生行政組織図



② ＩＳＡ（強化サービス地域）基本データ

Profiles of Intensive Service Areas

Annex A

Table I. GENERAL HEALTH PROFILE OF EACH ISA, PROVINCE OF CEBU, 1991

NAME OF DISTRICT/ CITY	POPULA-TION	BR/1000 POP.	DR/1000 POP.	CAUSES OF DEATHS	IMR/1000 L/BIRTH	CAUSES OF IMR
ARGAO	143,525	26.2	5.6	1. 2. 3.	19.1	1.Pnuemunia 2.Respiratory Distress Syndrome 3.Prematurity
BADIAN	71,163	29.8	6.7	1.HPN/Vascular Dis 2.Pneumonia 3.Senile Sclerosis /Atherosclerosis	32.4	1.Pneumonia/Bron-chopneumonia 2.Intrauterine Fetal deaths 3.Prematurity
BARILI	98,935	24.3	4.29	1.Congestive heart failure 2.Pneumonia 3.CVA	10.9	1.Bronchopneumo-nia 2.Congenital Dis. 3.Premature Hyali-ne Membrane
BOGO	129,778	29.4	2.3	1.Heart Disease 2.Cancer 3.Bronchopneumonia 10.PTB	5.0	1.Bronchopneumo-nia 2.Gastroenteritis 3.Prematurity
DANAO	93,585	28.5	4.9	1.Hypertensive Dis 2.Vascular Dis. 3.Pneumonia	21.2	1.Prematurity 2.Pneumonia 3.Stillbirths
SOGOD	91,102	25.6	5.1	1.Heart Disease 2.Pneumonias (all types) 3.Malignancies (all types)	29.0	1.Pneumonias 2.Prematurity 3.Acute Resp.Di-sease Syndrome
MANDAUE CITY	185,333	22	3.75	1 Pneumonia 2 CVA Sec. to Essential HPN 3.Cancer(all form) 5.TB (all forms)	24.0	1. Pneumonias 2. Prematurity 3. Measles
LAPULAPU CITY	154,277	26	4.4	1.Pneumonia 2.Cancer 3.HPN 6.PTB	28	1.Bronchopneumo-nia 2.Prematurity 3.Asphyxia

TABLE II ORGANIZATION / RESOURCES PROFILE, 1991

NAME OF DISTRICT / CITY	NO. OF MUN.	NO. OF RHU	NO. OF HOSPITAL			NO. OF HOSP'L W/ X-RAY	NO. OF SELECTED RHO HEALTH PERSONNEL				
			GOV'T.	PRIV.	TOTAL		DOCTOR	NURSE	M.TECH	M.WIFE	TOTAL
ARGAO	5	7	1	2	3	1	7	10	4	43	64
BADIAN	4	5	1	1	2	1	5	7	2	23	37
BARILI	3	4	1	-	1	-	4	6	3	26	39
BOGO	3	4	1	-	1	1	3	7	4	33	47
DANAO	3	3	1	1	2	-	3	6	2	26	37
SOGOD	4	4	1	-	1	-	4	8	2	32	46
MANDAUE CITY	1	1	1	1	2	-	7	17	3	33	60
LAPULAPU CITY	1	3	3	-	3	1	3	7	3	11	24
TOTAL	22/2	31	10	5	15	4	36	68	23	227	354

③　ＩＳＡ（強化サービス地域）地図