フィリピン国
公衆衛生プロジェクト
巡回指導調査団

平成8年9月

国際協力事業団
医 療 協 力 部

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序　文

フィリピン国公衆衛生プロジェクトは、セブ州をモデル地域として結核対策の強化を通じて同国の公衆衛生活動のモデル作りを行うことを目的に、平成４年９月１日から５年間の期間で開始されました。

このたび、協力開始後４年間が経過した時点で、これまでの活動内容を確認し、必要な助言・指導を行うとともにプロジェクト実施上、必要な事項について先方関係者と協議を行うため、当事業団は平成８年６月 17 日から６月 25 日までの日程で、財団法人結核予防会結核研究所所長、森亨氏を団長として巡回指導調査団を派遣しました。本報告書は上記調査団の調査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頂きました関係各位に対し、深い感謝の意を表しますとともに、今後もプロジェクトの効果的な実施のために一層のご理解とご支援をお願いいたします。

平成８年９月

国際協力事業団
医療協力部長　吉田　哲彦

略語表

BHS	Barangay Health Station	バランガイ保健所
BRL	Bureau of Research and Laboratory, DOH	保健省研究・検査局
DOH	Department of Health	保健省
DOTS	Directory Observed Treatment, Short Course	直接監視下短期化学療法
FHSIS	Field Health Service & Information System	地域保健統計情報システム
ISA	Intensive Service Area	強化サービス地域
NEDA	National Economic and Development Authority	全国経済開発局
NTP	National Tuberculosis Program	国家結核対策計画
PHC	Primary Health Care	プライマリー・ヘルスケア
RFO－7	Regional Field Office No. VII, DOH	保健省第７地方保健局
RHU	Rural Health Unit	地方保健所
TBCS	Tuberculosis Control Service, DOH	保健省結核対策課
TC	Tuberculosis Coordinator	結核調整官
TF	Task Force	タスクフォース
WHO	World Health Organization	世界保健機関

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1．巡回指導調査団派遣

1－1　調査団派遣の経緯と目的

フィリピン共和国（以下、フィリピンと略す）では、結核を始めとした感染症の罹患率が依然として高く、死因でも上位を占めている。こうした状況の下、本プロジェクトは、セブ州を対象地域として、結核対策の強化を通じて同国の公衆衛生活動のモデル作りを行うことを目的に、平成４年９月１日から５年間の期間で開始された。

本プロジェクトではセブ州を人口や地理的条件等を基に３つの地域に分け、対象地域（強化サービス地域：ＩＳＡ）を定めて集中的にインプットを行い、段階的に拡大していく手法を採った。これにより、活動の成果を確認し軌道を修正しながら、より有効な方法を選んで進めていくことを目指した。また、プロジェクト開始後に加わった条件として、地方分権化の進展と結核対策新指針の策定があり、どちらもプロジェクトの活動上に大きな影響があったが、特に新指針の試行及び実施に関わる一連の動きはプロジェクトが本来目的としている結核対策の強化に直接結びつくものであり、本プロジェクトでは積極的にこれを取り込むこととなった。

今般、プロジェクト開始後約４年間が経過し、上記対象地域の拡大も最終段階に入り、間もなく全セブ州をカバーすることとなるとともに、新指針の実施による結果を始めとしてこれまでの活動による成果が現れつつある。このため、最終年度に向けてプロジェクトの実施状況を把握し、プロジェクト全体の予備的な総括を行い、残る期間の活動に関して検討と指導を行うことを目的として巡回指導調査団を派遣し、現地での調査及び関係者との協議を行った。

1－2　調査団の構成

	担　当	氏　名	所　属
団長	総括／結核対策	森　　亨	財団法人結核予防会結核研究所所長
団員	技術協力	八重樫成寛	国際協力事業団医療協力部医療協力第一課長代理

1－3　調査日程

日順	月日	曜日	移動及び業務
第1日	6月17日	月	13：25　マニラ着（JL 741） ＪＩＣＡフィリピン事務所で打合せ
2日	6月18日	火	9：00　保健省訪問 公衆衛生担当次官代理表敬 結核対策課長表敬 研究・検査局訪問 13：00　結核対策課との協議 21：00　セブへ移動（PR 837）
3日	6月19日	水	8：30　保健省第7地方保健局長表敬 10：30　セブ市保健部長表敬 午後　セブ市内保健所訪問 バリオ・ルス保健所、ヒポドロモＢＨＳ セブ胸部疾患センター、レファレンス検査所、ビンセンテ・ソット病院外来診療部視察
4日	6月20日	木	8：00　セブ州保健部長表敬 ダナオ市保健部、ソゴド保健所、カルメン保健所及びそれぞれのＢＨＳ視察
5日	6月21日	金	9：30　保健省地方保健局、州・市（セブ市）結核調整官との協議
6日	6月22日	土	資料整理
7日	6月23日	日	14：30　マニラへ移動（PR 844） 資料整理
8日	6月24日	月	9：30　全国経済開発局訪問 プロジェクト監督部、同投資部で協議 13：30　WHO西太平洋地域事務局表敬、協議 17：00　ＪＩＣＡフィリピン事務所へ報告
9日	6月25日	火	8：00　保健省結核対策課で協議 議事録署名（フィリピン側の事情により後日交換） 14：30　マニラ発（JL 742）

1－4　主要面談者

(1) フィリピン側関係者

1) 保健省 (Department of Health:DOH)

Dr.Antonio S.Lopez	Assistant Secretary and Officer in Charge, Office of Public Health Services

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

Dr.Mariquita Mantala	Director,TBCS
Dr.Jimmy Lagahid	Medical Specialist IV
Dr.Vivian Lofranco	Medical Specialist IV
Ms.Paz Rostrata	Medical Technologist

②研究・検査局 (Bureau of Research and Laboratory：BRL)

Dr.Veneracion Monar	Division Chief,Laboratory I
Ms.Ellen Castillo	Section Chief,Bacteriology
Mr.Teodoro Fajardo	Laboratory Technician

③第７地方保健局 (Regional Field Office No.Ⅶ：RFO-7)

Dr.Marietta C.Fuentes	Regional Director
Dr.Milagros Bacus	Assistant Regional Director
Ms.Leticia O.Canoy	Administrative Officer V
Dr.Lucia Florendo	Provincial Coordinator
Dr.Edgardo Zafra	Provincial Coordinator
Dr.Elaine Teleron	Regional TB Medical Coordinator
Ms.Colita Auza	Regional TB Nurse Coordinator
Mr.Benny Loberiza	Medical Technician, Reference Laboratory
Ms.Joji Ann Fanlo	Medical Technologist, Reference Laboratory
Ms.Lucy Aguiman	Medical Technologist, Reference Laboratory

2) セブ州保健部 (Cebu Provincial Health Office)

Dr.Antonio Villamor	Assistant Provincial Health Officer
Ms.Areli Borromeo	Provincial TB Nurse Coordinator

3) セブ市保健部 (Cebu City Health Office)

Dr.Thomas Fernandez	Cebu City Health Officer II
Dr.Erlinda Cabatingan	Chief,Program Division
Dr.Medalla Borromeo	Cebu City TB Coordinator

4) ダナオ市保健部 (Danao City Health Office)

Dr.Ceasar Lleva	City Health Officer
Ms.Leticia Lleva	Public Health Nurse
Ms.Lourdes Cabahug	Medical Technologist

(2) WHO西太平洋事務局 (Regional Office for Western Pacific World Health Organization)

Dr.S.T.Han	Regional Director
Dr.Shigeru Omi	Director,Disease Prevention and Control Division

(3) 日本側関係者

1) ＪＩＣＡフィリピン事務所

力石　　龍	次長
岩崎　英二	所員

2) プロジェクト専門家

遠藤　昌一	チーフアドバイザー／結核対策専門家
寺崎　義則	業務調整
藤木　明子	短期専門家（結核菌検査）
Ms.Ma.Carolyn Daclan	Technical Assistant
Ms.Nyree Dawn Canete	Technical Assistant

2．要約

(1) 活動の進捗状況

プロジェクト活動の各分野において、当初の目標に照らし顕著な遅滞はみられず、プロジェクトは概ね順調に進展していると考えられる。

1) 8月末までに研修を終え、9月から第三強化地域で新指針を実施する予定である。活動地域拡大の最終段階に入り、全セブ州をカバーすることとなる。

2) 1996 年第1四半期の報告（第一、第二ＩＳＡが対象）により、下記の結果が得られた。新指針の実施状況は極めて良好であり、治癒率 85%という目標の達成にも期待が持てる数値である。

① 患者発見時の3回連続検痰の実施率は90.6%と高率であった。

② 受検者中の結核菌陽性率は以前3%程度と低かったが、15.1%とかなりの改善がみられた。

③ 初回治療塗抹陽性患者の2ヵ月時点での陰性化率は89%であった。

(2) 今後の課題

1) 公的サービスにおいて菌陰性患者にも短期化学療法が広範に用いられるようになり、安易な「活動性結核」の紹介が増えることに、これまで以上に十分な注意が必要となるため、私的医療機関との意思の疎通が更に重要となる。

2) 保健省から配布される薬剤の供給不足が起こり、改めて供給体制の不備が認識されることとなった。プロジェクトでもバッファーストックを活用できなかった反省を含めて、再発の防止に努める必要がある。

3) レファレンスラボラトリーの機能強化について、本来のレファレンス機能に達するためにはもう一段階の努力が必要である。また、検査技師の定員については、現在臨時職員となっている1名を定員化し、3名体制の確保が望ましい。

4) 新指針で定めるレジメン（薬剤の処方）に、世界的な標準と違った部分があり、これが妥当かどうか検討を要する。また、ＤＯＴＳ（直接監視下短期化学療法）システムについて、フィリピンでは現在のところ実施していないが、プロジェクトとしても前向きに取り組む必要がある。

3．協議及び調査事項

3－1　保健省との協議

保健省において、保健次官（臨時）並びに結核対策課スタッフとプロジェクト全般に関して協議を行った。主な協議事項は、①セブ州での結核対策活動の成果と本プロジェクトの今後の関わり方について、②菌検査業務、特にその全国的な視野での拡充について、③全国結核対策セミナー・ワークショップの運営について、④保健省が本プロジェクトとは別個にWHOの協力で行う予定の結核対策プロジェクトについて、等であった。協議の結果は議事録にまとめて保健次官と調査団長が署名し、双方の間で交換した。なお、保健省結核対策課（ＴＢＣＳ）から、フェーズ２の実施について強い要望があった。要請書は近く全国経済開発局（ＮＥＤＡ）に提出される予定とのことであった。

また、ＮＥＤＡとプロジェクトの成果及び今後の方向について協議を行った。

3－2　現地調査

プロジェクト現地では、下記の関連施設を訪問して現地の要員に面談を行い、関連の記録・帳票を点検した。

① 保健省第７地方保健局（ＲＦＯ－７）、セブ胸部疾患センター、レファレンスラボラトリー
② セブ州保健部
③ セブ市保健部、バリオ・ルス保健所、ヒポドロモＢＨＳ
④ ダナオ市保健部、ソゴド保健所、カルメン保健所及びそれぞれのＢＨＳ

また、保健省地方保健局、州・市（セブ市）結核調整官（ＴＣ）とプロジェクト全般について協議を行った。

3－3　WHOとの協議

WHO／WPROを訪問し意見の交換を行った。Regional Director である Dr.Han からは本プロジェクトに対し極めて高い評価を受け、更に全国レベルの結核対策について協力して実施したい旨の発言があった。

4．調査結果

4－1　実施計画の概要

本プロジェクトの目標は、選定された一定地区において結核の患者発見及び治療の強化を行い、これをフィリピン全国の公衆衛生活動向上のモデルとすることである。対象地域としては保健省の要請に基づき第7地方セブ州（セブ特別市を含む）が決定された。この地域の結核対策の実施指標が全国的にみた際に低いことが主な理由である。

討議議事録（R／D）に定めた実行計画では、この目標の達成のため、プロジェクトにおいて以下のような活動を行うこととしている。

1) プライマリー・ヘルスケア（PHC）・サービスの中での患者発見・治療を向上させ、これにより存在する塗抹陽性患者の65%を発見し、発見した患者の85%以上を治癒に導く。
2) 結核対策の末端における実施を、特に記録・報告、監督、評価及び要員の研修等の各方面を通して強化する。
3) 結核対策及び関連領域における情報教育活動の強化、及び必要な資機材の供給を行う。
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に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づけ、プロジェクトの総合的評価、技術向上のため、計画的に各種セミナーの開催や研修を実施する。

活動の実施方法としては、長期及び短期専門家の派遣、機材供与、フィリピン国内での研修やセミナーなどの開催、本邦におけるカウンターパート研修等を行う。また、プロジェクトを推進するため国内委員会及び合同調整委員会が設置されたほか、活動を技術的に支援するため、現地にタスクフォース（TF）委員会が設置されている。更に、本プロジェクトにおいては国内支援機関である（財）結核予防会結核研究所にプロジェクト支援業務を委託し、技術的な助言、専門家や調査団の派遣等に係る調整、現地活動の支援などを通じプロジェクトの促進を図っている。

現地でのプロジェクト活動の推進の方式としては「段階的拡張方式」を採った。対象地域であるセブ州の全域で直ちに活動を開始するのではなく、「ISA」を規定し、人口規模で全州の3分の1を選び、3段階に漸進的に拡大することとした。その際、ISAに包含される自治体の首長にプロジェクトのチーフアドバイザーが面談して協力関係を確認している。

選定したISAでは、まず基礎調査を行って実状を把握し、続いて要員の研修を実施した後、実際の活動を開始、随時監督を行い、報告を求め、評価とその還元を重ねていくこととしている。

4－2　プロジェクト実施の概況

本プロジェクト開始前後からこれまでの経過・活動を行事等について、以下に要約する。

平成４年

4月　R／D締結

9月　プロジェクト開始、須知チーフアドバイザー着任
　　プロジェクトオフィス開設

10月　計画打合せ調査団

11月　州及びDOHのTC協議会結成、第１回会議開催

12月　ISAの郡監督保健婦などによるTFを結成し、第１回会議を開催
　　寺崎調整員着任

平成５年

2月　第２回TC協議会、第２回TF会議
　　技術交換（タイ公衆衛生プロジェクト）

3月　ISA保健所医師、保健婦向けの現地セミナー開催
　　第３回TC協議会、第３回TF会議

6月　第１回合同調整委員会

9月　第２回現地セミナー

11月　プロジェクト基盤整備事業によるセブ胸部センター拡張工事起工式
　　第２回合同調整委員会

平成６年

2月　第３回現地セミナー

4月　結核対策新指針試行のワークショップ

5月　同上

8月　胸部センター・レファレンスラボラトリー開所式

9月　第４回TF会議

11月　第３回合同調整委員会
　　計画打合せ調査団

12月　TC会議

平成７年

１月	新指針試行のためのＴＣ会議、同ワークショップ
２月	技術交換（ネパール結核対策プロジェクト）
４月	新指針試行のためのＴＣ会議、同ワークショップ
５月	新指針試行のためのＴＣ会議
６月	新指針試行のためのオリエンテーション（７月まで計４次）
	菌検査バリデーション研修会
７月	検査技師再研修
	ＴＦ会議
	遠藤新チーフアドバイザー着任
８月	須知チーフアドバイザー離任
	新指針のための助産婦研修（９月まで計４次）
11月	第３回合同調整委員会

平成８年

４月	第４回合同調整委員会
６月	巡回指導調査団来訪

４－３　活動地域（ＩＳＡ）の拡大

1996年６月時点で、プロジェクトはＩＳＡ地域段階的拡大の最終段階に入りつつあり、間もなくとして全セブ州（５市、15郡、48自治体、62ＲＨＵを含む、総人口2,948千人）をカバーすることになる。以下にその拡大の状況を示す。

ＩＳＡ活動の進展状況

第１期（1992年８月～）	人口（千人、1995年）
Lapu Lapu City	118
Argao District (6 RHUs)	119
Badian District (5 RHUs)	78
Barili District (4 RHUs)	110
Bogo District (4 RHUs)	133
Danao District (3 RHUs)	107
Sogod District (4 RHUs)	97
	823

新指針試行地区として追加（1994年６月～）	
Mandaue City	185
Dalaguete RHU	33
	218

第２期（1995年11月～）	
Cebu City	681
Danao City	83
	764

第３期（1996年11月、予定）	
Toledo City	137
Balamban District (3 RHUs)	82
Bantayan District (4 RHUs)	121
Camotes District (4 RHUs)	84
Carcar District (4 RHUs)	163
Daan Bantayan District (2 RHUs)	66
Lapu Lapu District (2 RHUs)	77
Malabuyoc District (5 RHUs)	73
Minglanilla District (8 RHUs)	289
Tuburan District (3 RHUs)	59
	1,143

4－4　結核対策の現状に関する調査活動

ＩＳＡを新たに決定した後、まず現地の問題把握のために関連施設の基礎調査（ベースライン・サーベイ）を実施した。更に患者発見に焦点を当てた社会学的調査をプロジェクト開始後の早期に実施した。

4－4－1　基礎調査

本調査は、ＩＳＡ内の全ＲＨＵについて、地域の一般的な背景要因、職員の配置や機材の整備状況、国の結核対策マニュアルの実施状況について、一定のチェックリストを用いて実施した。調査に当たっては、チーフアドバイザーがカウンターパートともども施設を訪問して関係者への面接及び資料収集を行うとともに、地方保健局、州政府での業務統計などの既存資料も併せて分析した。

この調査によって現場の多くの問題点が明らかにされたが、特に各施設に共通の問題点としては次のようなものがあった。

ＲＨＵは平均25千人の人口をカバーし、医官、看護婦、助産婦が配置されて結核の診療に当たる。ＢＨＳは人口平均4,100人ごとにあり、助産婦が配置され、ＲＨＵの監督の下で結核の発見、治療を行う。検査室（顕微鏡センター）はＲＨＵに付属するが、時には２、３ＲＨＵが１人の検査技師を共有することもある。患者発見は個別訪問による積極的方法が中心で、被検者中の菌陽性率は３％、塗抹陽性患者及び空洞性患者には短期化学療法、それ以外には標準化学療法（１ＳＨ／11 Ｓ２Ｈ）が用いられている。

その他の問題点としては、以下の点が挙げられる。

①妥当性のない業務目標の消化を職員が至上命令としている。

②記録報告の記載様式が複雑、かつ妥当性、信頼性にも疑問がある。

③治療管理の評価方式が時代遅れで妥当性がない。

④喀痰塗抹検査の精度管理に問題がある。

⑤顕微鏡など基本的な備品の整備の遅れた施設がかなりある。

なお、調査結果は各自治体・施設ごとに電算化され、追加・更新されて施設の活動状況に関するデータベースとして、その後も非常に活用されている。

4－4－2　患者発見に関する社会学的調査

ＰＨＣの活動の中での患者発見の向上を目指して、現実にこの地域でそれを阻む要因について検討するために、患者発見の過程について住民の呼吸器症状発現の時点から結核の診断に至るまでの過程を分析した。この調査は以下の４部からなる。

① 一般住民のＰＨＣ、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

周到な準備、要員の訓練を行った後、平成５年８月に本調査を開始、終了までに１年半を要した。集計・解析に当たっては結核研究所の協力を得た。

4－5　強化サービス地域での活動

これらの地域に対するプロジェクトによる具体的な入力としては、以下のものが挙げられる。各項目についての詳細は関連の個所で記述した。

① 基礎調査による全体的及び自治体個別の問題発見
② 郡監督保健婦（郡調整看護婦）を通したＲＨＵの監督の強化
③ 要員の集団研修（セミナーなど）
④ 資機材の重点的な供与
⑤ ロジスティックス支援体制
⑥ プロジェクトチームの巡回現場指導

また、薬剤の供給に関し、短期化学療法薬剤の州政府経由の自治体保健所への安定した配布を保証するため、プロジェクトにバッファーストックを備えている。

4－6　全国結核対策計画新指針の試行

プロジェクトが開始した後、ＴＢＣＳはそれまでの結核対策計画に替わる「全国結核対策計画新指針」を策定した。従来の計画の内容を大幅に改善したもので、国際的にも通用する妥当性の高いものと考えられる。これは、フィリピンのＮＴＰ（国家結核対策計画）の全面改訂を意味している。本プロジェクトは、保健省から新指針の試行を特に委嘱され、プロジェクト自身の事業として積極的に受け入れた。フィリピンの結核対策への寄与の大きさの点で極めて意義深く、ＩＳＡの拡大の面で進行が遅れることになったが、その損失を十分埋め合わせるメリットがあったと考えられる。

新指針に述べられている新しい結核対策で、従来と大きく異なるのは以下のような点である。

1) 積極的な患者発見活動を廃止し、代わって有症状時の検痰、特に３回連続検痰による結核の診断を重視する。付随して検査の全過程にわたる技師の責任を確認した。
2) 菌陰性患者を含めてすべての患者に短期化学療法を標準方式として用いる。
3) 治療成績を四半期ごとにコホート分析の様式で報告する。また、患者発見についても四半期報告とすることになり、現場の職員の負担が軽減された。

試行は 1994 年６月からＩＳＡのうちの２地区（マンダウエ市及びアルガオ郡ダラゲテ１保健所）で行われ、その報告を保健省へ提出した。これによると、有症状者に対する塗抹陽性患者発見率は 3.6 %から 9.7%へ（マンダウエ）、4.6%から 6.8%へ（ダラゲテ）それぞれ上昇した。患者発見時の３回連続検痰の実施率は 85%であり、治癒率はマンダウエで 81.3%、ダラゲテで 72.7%と、かなり良好であった。記録・報告は簡素であるが正確になり、しかもモニターが容易となった。このように、新指針は十分に実施可能であることが確認された。

また、この試行の中で新指針の記述の訂正・加除が行われ、以後のＩＳＡ第２、３段階で用いられるようになっている。

4－7　研修

4－7－1　現地セミナー

現地の要員を対象としてプロジェクトが実施した研修を、以下にテーマ別かつ実施順にまとめた。テーマは新指針試行開始以前の全般的なもの、新指針に関するもの、検査技術に関するものの３種に大別される。対象者はＩＳＡ拡大の段階に合わせて決められ、大部分の研修に短期派遣専門家が講師として参加した。

表４－１

テーマ	日数	参加者	対　象　者
〈全般；新指針以前〉			
結核対策セミナー	3	65	自治体・市医官、看護婦、検査技師
結核の臨床セミナー	2	51	自治体・市医官、郡病院、医師、地方保健局医師
結核管理と地域接近	2	49	看護婦
〈新指針関係〉			
監督モニター技法及び新指針オリエンテーション	3	25	郡監督保健婦、地方・州・市調整官
新指針オリエンテーション(1)	2	86	ダラゲテ、マンダウエ職員
同上(2)（全４班）	3	114	第１期ＩＳＡ医師、看護婦、技師
同上(3)（全３班）	3	122	第２期ＩＳＡ看護婦、技師
同上(4)（全４班）；予定	3	135	第３期ＩＳＡ看護婦、技師
新指針助産婦オリエンテーション(1)（全３班）	2	174	第１期ＩＳＡ・ＲＨＵ助産婦検痰要員、助産婦、検痰要員
同上(2)（全２班）	3	127	第２期ＩＳＡ・ＲＨＵ助産婦検痰要員
同上(3)（全５班）；予定	5	313	第３期ＩＳＡ・ＲＨＵ助産婦
新指針監督モニタリング(1)	5	16	郡監督保健婦、州・市調整官
同上(2)	5	18	第２期ＩＳＡ監督保健婦、医官
同上(3)	5	17	第３期ＩＳＡ郡調整看護婦、市調整医官
〈検査技術〉			
顕微鏡の扱い方	1	12	技師（新たに顕微鏡を贈与された地域の）
精度管理	3	5	州技師、州調整医官
検査技術再研修(1)（計４班）	5	32	第１期ＩＳＡ地区技師
同上(2)	5	10	セブ市、ダナオ市技師
同上(3)（計２班）	5	14	技師
同上(4)	3	4	技師

4－7－2　カウンターパート研修

合計延べ8名が来日し、各々集団コースに参加した。内訳は、結核対策集団コース（医師向け）5名、結核対策検査技術コース（平成7年から結核対策細菌検査サービスと改称・検査技師向け）3名である。なお中央政府保健省からの研修生は両名ともセブ州を含む第7地域担当官である。

表4－2

時　期	研修対象者（所属）	研修内容
July 11, 1992 to October 10, 1992	Dr. Elaine R. Teleron (Medical Specialist II, RFO-7) Dr. Nora Cruz (MS III, Training Officer, TBCS)	Group Training Course on TB Control -ditto-
June 14, 1993 to October 17, 1993	Dr. Vivian Lofranco (Epidemiologist, MS IV, TBCS)	Group Training Course on TB Control
September 27, 1993 Feb. 13, 1994	Mr. Benny Loberiza (Medical Technician, Cebu Chest Center)	Group Training in Laboratory Works for TB Control
June 23, 1994 to October 23, 1994	Dr. Lucia S. Florendo (MS IV, Provincial Coordinator)	Group Training Course on TB Control
October 3, 1994 to February 1995	Ms. Yolanda Garces (Medical Technologist, Cebu IPHO)	Group Training Course on Laboratory Works for TB Control
June 16, 1995 to Oct. 17, 1995	Dr. Enrique Sancho (MS II, Chief, Cebu Chest Center)	Group Training in TB Control
October 3, 1994 to Feb. 15, 1995	Ms. Joji Panlo (Medical Technologist, Cebu Chest Center)	Group Training Course on Laboratory Works for TB Control

4－7－3　技術交換

これまでに、下記のとおり2回の技術交換事業を行った。

表4－3

時　期	参　加　者	対象プロジェクト
1993年2月	チーフアドバイザー、地方保健局長、同結核調整官、同セブ胸部疾患センター所長	タイ公衆衛生プロジェクト
1995年2月	チーフアドバイザー、州結核調整官、DOH調整看護婦、検査技師2名	ネパール結核対策プロジェクト(2)

4－8　機材供与

プロジェクト開始直後に地方分権制度が成立したことから、プロジェクトは中央政府のみならず、州、人口何千という自治体の施設・職員をも相手にすることになった。このため供与機材の配置に関して保健省・自治体間の合意書（所有は保健省、使用と管理は自治体の責任であること）を取り付けている。

これまでに供与した機材の種類・用途は次のように分類される。

① 現場の監督体制強化のための交通手段（自動車・モーターバイク・サイドカー付き自動２輪車；地方医務局・州政府・自治体保健部／保健所に配置）

② 情報処理業務の合理化・精度向上（パーソナルコンピューター及び複写機等；地方保健局・州政府等に配置）

③ セブ胸部診療所機能強化に伴う機器（X線撮影装置、検査室機器一式、教育機器類）

④ 結核菌検査体制の向上（双眼顕微鏡、検査室用流し等；保健所等）

⑤ 健康教育関連（OHP、拡声器システム、スライド映写機、テレビ・ビデオ装置等；州政府・保健所等）

主に郡調整看護婦が監督用に用いるモーターバイク等については、当初は維持管理などに関して懸念があったが、これまでのところ適正に用いられている。その他の機材も概ね目的に応じて有効に活用されている。

年次別にみた供与の状況は以下のとおりである。

表4－4

年　度	品　目	数　量	配置先
H 3	1. Computer and Laser Printer	4	Project Office,TBCS Manila, DOH-IRFO 7, Cebu IPHO
	2. Softwares	1	JICA Project Office
	3. Microscopes	33	11 sets Ref.Lab. 16 RHUs, 6 for new ISAs
	4. Teaching microscope	2	Reference Laboratory
	5. Copier with sorte	1	DOH-IRFO 7 Regional Health Training Center (RHTC)
	6. OHP Portable & screen	5	5 districts (ISA)
	7. Projection Panel	1	DOH-IRFO 7 RHTC
	8. OHP desk top	1	Reference Laboratory
	9. Colored TV	2	JICA Project Office DOH-IRFO 7 RHTC
	10. Loud-speaker	5	5 districts (ISA)
	11. Motorcycles with side car	2	Mandaue & Lapu-Lapu cities
	12. Generator	1	Project Office
	13. Vehicles (Pajero)	2	Project Office,DOH-IRFO 7
H 4	1. X-ray machine system	1	Cebu Chest Center
	2. Computers	2	Reference Laboratory DOH-IRFO 7 RHTC
	3. Audio-video set	1	Reference Laboratory
	4. Copier	1	TBCS, Manila
	5. Books	one set	DOH-IRFO 7 RHTC
	6. Vehicles (Microbus) for supervision	2	DOH-IRFO 7, Cebu IPHO
	7. Motorcycles	6	6 Districts
H 5	1. Incenerator	1	Reference Laboratory
	2. Clean bench	1	- ditto-
	3. Distiller	2	
	4. Refrigerator	1	
	5. Deep freezer	1	
	6. Refrigerator with chemicals	1	
	7. Pipette washer	1	
	8. Dryer for glassware	1	Reference Laboratory
	9. Autoclave	2	- ditto-
	10. Hot Air Oven	2	
	11. Incubator	2	
	12. Coagulator	2	
	13. Centrifugator	1	
	14. Safety cabinet for chemicals	1	
	15. Cabinet for glass-ware	2	
	16. Electronic chemical balance	1	

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	17. Cover for balance	1	
	18. Chemical balance	2	
	19. Water bath	1	
	20. Glass-wares	one set	
	21. Miscellaneous instruments	one set	
	22. Laboratory tables and chairs	one set	
H 6	1. Microscopes	15	Field units
	2. Copier with sorter	1	Cebu IPHO
	3. OHP (desk top)	1	Cebu IPHO
	4. Screen	1	Cebu IPHO
	5. Sound system	1	Cebu IPHO
	6. Slide projector	1	Cebu IPHO
	7. Printing machines	5	TBCS,DOH-IRFO 7,Cebu IPHO, Mandaue & Lapu-Lapu cities
	8. Portable sound system	50	RHUs
	9. Motorcycles	6	New ISAs
H 7	1. Computer with Printer, UPS	1	Cebu City
	2. Copier with Sorter Paper Feed Cabinet	1	Cebu City
	3. OHP Portable & Screen	12	9 Districts, Cities of Danao, Toledo & Cebu (3rd ISA)
	4. Slide Projector	1	Cebu City Health Office
	5. Loud Speaker	12	9 Districts, Cities of Danao, Toledo & Cebu (3rd ISA)
	6. Motorcycle	10	3rd ISA
	7. Printing Machine	3	Danao, Toledo & Cebu Cities
	8. Color drum	8	DOH-RFO 7, TBCS, Manila Cebu PHO, Cities of Mandaue, Lapu-lapu, Danao, Toledo & Cebu
	9. Portable sound system	30	RHUs
H 8	1. Binocular Microscope	10	調達中
	2. Fluorescent Microscope	2	
	3. Teaching Microscope	1	
	4. Laboratory sink	30	
	5. Staining rod	120	
	6. Slide rack	180	
	7. Water tank	60	
	8. Motorcycle	6	
	9. Multicab	1	
	10. Vehicle 4x4	1	
	11. Electronic white board	2	

4－9　細菌検査業務の強化とプロジェクト基盤整備事業

結核菌の検査は結核の診断と治療に中心的な役割を担っており、検査に関連する業務の質的水準の確保はプロジェクトにとって重大な意味を持つ。しかし、菌検査業務の実状は基礎調査の成績からも窺われるように、かなり問題があった。現場である地域の顕微鏡センターの活動に対し、訓練、評価、レファレンス機能等の支援を行うべき施設としてはセブ胸部センターの検査施設があったが、実質的な機能は果たしていず、また、このような検査技術水準確保のための施設はセブ州のみならず、おそらく全国にもなかった。このため、プロジェクトでは同センターのレファレンス検査機能の拡充強化を目指した。

セブ胸部センターは結核診療のレファレンス機能を持った外来専門施設であり、保健所の結核診療を支援する立場にある施設であるが、菌検査室もX線撮影装置も非常に貧弱なものであったため、プロジェクト基盤整備事業により検査室の拡張工事を行い、併せて菌検査及びX線撮影機器等を機材供与により整備した。

この事業に関して、保健省が工事の進行、施設の運営等について原則的な努力を払っていることは特筆したい。特に地方分権体制への移行に際して、セブ州に移される予定であったセブ胸部センター職員の所属を中央政府に留め、センターの事業を中央政府の管轄とした。また、従来1名であった検査技師を3名に増員（うち1名は非常勤）した。

現在、並行して行われた職員の本邦での研修、短期派遣専門家による現地での訓練の成果もあって、この施設は名実ともにこの国最初の結核菌レファレンスラボラトリーとなっている。

4－10　専門家及び調査団派遣

4－10－1　長期専門家

これまでに、長期専門家は合計3名の派遣を行った。1992年9月に須知雅史チーフアドバイザー（結核予防会結核研究所）が、また同年12月に寺崎義則調整員が、それぞれ着任し、須知チーフアドバイザーは1995年8月に離任した。後任として、同年7月から新たに遠藤昌一チーフアドバイザー（結核予防会結核研究所）が赴任している。

4－10－2　短期専門家

短期専門家として延べ合計24名を派遣した。本プロジェクトは当初からの方針として長期専門家を最小限度に抑え、代わりに短期専門家による強力な支援を行うこととしていた。それに基づき、主として結核研究所所属の専門家により長期専門家への助言、現地研修の支援が行われている。内容は以下のとおりである。

表4－5

年　度	期　間	氏　名（所属）	専門分野
H4	1993/ 3/ 4 ～ 3/12	石川　信克　(結核研究所)	結核対策
H5	1993/ 5/21 ～ 6/20	渡慶次重美　(結核研究所)	社会学的調査
	1993/ 6/13 ～ 6/20	森　　亨　(結核研究所)	疫学
	1993/ 7/15 ～ 8/18	渡慶次重美　(結核研究所)	社会学的調査
	1993/ 9/ 8 ～ 9/25	藤木　明子　(結核研究所)	結核菌検査
	1993/ 9/15 ～ 9/19	青木　正和　(結核研究所)	結核対策
	1993/ 9/15 ～ 9/23	石川　信克　(結核研究所)	結核対策
	1993/11/ 7 ～11/14	森　　亨　(結核研究所)	疫学
	1994/ 2/16 ～ 2/27	遠藤　昌一　(足利保健所)	結核対策
H6	1994/ 4/24 ～ 5/ 7	清田　明宏　(結核研究所)	結核菌検査室ネットワーク
	1994/ 4/24 ～ 5/21	藤木　明子　(結核研究所)	結核菌検査
	1994/ 6/21 ～ 6/29	森　　亨　(結核研究所)	疫学
	1994/ 7/13 ～ 7/27	仲尾次政剛　(結核研究所)	放射線技術
	1994/ 8/14 ～ 9/ 3	藤木　明子　(結核研究所)	結核菌検査
	1995/ 1/18 ～ 1/ 30	山田　紀男　(結核研究所)	結核対策
H7	1995/ 4/19 ～ 4/30	遠藤　昌一	結核対策
	1995/ 4/23 ～ 5/12	藤木　明子　(結核研究所)	結核菌検査
	1995/ 6/22 ～ 7/13	藤木　明子　(結核研究所)	結核菌検査
	1995/ 7/12 ～ 7/19	仲尾次政剛　(結核研究所)	放射線技術
	1995/ 8/ 9 ～ 8/17	森　　亨　(結核研究所)	疫学
	1995/11/ 9 ～11/17	須知　雅史　(結核研究所)	結核対策
	1996/ 2/15 ～ 3/14	須知　雅史　(結核研究所)	結核対策
H8	1996/ 4/14 ～ 5/ 3	藤木　明子　(結核研究所)	結核菌検査
	1996/ 6/29 ～ 6/25	須知　雅史　(結核研究所)	結核対策

4－10－3　調査団

プロジェクト開始後、以下のとおり3次の調査団を派遣した。

①1992年10月13～20日　森　　亨（団長）　・斉藤　雅治

②1994年11月2～10日　遠藤昌一（団長）　・森　亨・根本　淳子

③1996年6月17～25日　森　　亨（団長）　・八重樫　成寛

5．プロジェクトの成果と今後の課題

ここでは、プロジェクト活動の成果として、結核に対する直接のインパクトである患者発見と治療の向上について、プロジェクト全般の問題点、並びに今後の課題や技術協力のあり方等について、本調査団の所見を述べ、検討を行う。

5－1　患者発見と治療の成績

これは、1995 年の合同調整委員会の勧告に従って組織された四半期報告作成委員会（ＩＳＡのＲＨＵ看護婦、技師で構成）の作成した 1995 年第４四半期、1996 年第１四半期報告によるもので、1996 年第１四半期報告には、第２段階ＩＳＡ活動としてダナオ市、セブ市が取り込まれて１～２ヵ月の時点での所見を含む。

5－1－1　患者発見

(1) 受検者数と連検実施状況

呼吸器症状のために保健施設を受診し、結核菌の検査を受けた者（受検者）の数は、1995 年から 1996 年にかけて、郡部ではわずかに増加、ラプラプ市、マンダウエ市では顕著に増加した。「連検」とは３回菌検査を行う方式であるが、その実施率も極めて高く、郡部でも改善している。郡の中でもアルガオ郡は 66.0%から 81.8%へと改善が著しい。市部はいずれもかなり高い。

表５－１

	1995 年第４四半期				1996 年第１四半期			
地区	受検者	連検%	陽性	(%)	受検者	連検%	陽性	(%)
第１期郡部	1,206	79.5	151	12.5	1,259	87.4	158	12.5
Lapu Lapu	361	96.7	56	15.5	457	95.2	53	11.6
Mandaue	320	91.6	49	15.3	340	94.4	43	12.6
Cebu					457	92.1	86	18.8
Danao					59	89.8	11	18.6
総数	1,887	84.8	256	16.0	2,572	90.6	351	15.1

(2) 受検者中の結核菌陽性率（検出率）

以前は積極的方法を採っていたが、この率は３％程度と極めて低かった。新指針採用後の 1995 年第４四半期は 16.0%（第１ＩＳＡのみ）、1996 年第１四半期 15.1%（第１、２ＩＳＡ）となった。

ただし、この率には大きな地域間のばらつきがある。最低はデラゲテ保健所で 2.9%、最高はコンポステラ保健所で 31.0%である。理由は様々考えられるが、中でも私的セクター医師の患者紹介のあり方が大きな影響を及ぼしていると思われる。

(3) 人口対率でみた有症状受検者数、菌陽性発見患者数

表5－2

	有症状受検者数、人口対率				菌陽性患者数、人口対率			
	1995年		1996年		1995年		1996年	
地区	受検者	率%	受検者	率%	陽性	対万率	陽性	対万率
第1期郡部	1,206	1.47	1,259	1.53	151	1.83	158	1.92
Lapu Lapu	361	2.03	457	2.56	56	3.15	53	2.98
Mandaue	320	1.73	340	1.84	49	2.65	43	2.33
Cebu			1,371	2.01			258	3.78
Danao			100	1.20			19	2.24
総数	1,887	1.59	3,527	1.98	256	2.16	531	2.72

＊第1四半期内の実施期間（1～2ヵ月）に基づく推定値

これらの数字を4倍することによって1年を通しての有症状者の頻度（有症率、人口千対7.92）、菌陽性患者発見率（罹患率、人口万対10.9）が推定される。後者は最近の日本の10倍程度、これに未受診・未発見の者や私的医療機関で治療を受けている患者を加えて考えれば、この地区の結核罹患率の凄まじい高さが容易に想像されよう。有症率は地域によって1.01（バリリ、表中第1期郡部内）から3.97（同アルガオ）とばらつきがある。前者には検査技師が欠員の地区が多く含まれ、結果を悪くしている。

(4) 菌成績不確実例

新指針によれば、結核の診断に当たり最初の3連検痰で1回のみ陽性の者には、再度連検を行うと規定している。これが行われなかった者を「診断不確実例」と呼ぶとする。このような例は本来はあってはならないが、実際には1995年第4四半期で8例、受検者の0.4%、1996年第1四半期で20例、0.8%あった。これは検査技師のいないバリリ郡の2地区が9.2%と高くなっていることによる。

(5) 新登録患者の型別分布

新登録患者を菌所見、治療歴などで分類したのが下表である。診断の不確実な菌陰性の登録患者はマンダウエ、ラプラプ両市で多い。一方、郡部で1995年から1996年の間、やや割合が多くなったのが気になる。これらは、私的医療機関から無料の短期化学療法を求めて患者が紹介されてくることによると考えられるが、これが無制限に増えないよう注意を要する。郡部の中では、低いのはダナオ郡で29%（1995年）、3%（1996年）、一方、高いのはバリリ郡でそれぞれ70%、73%である。バリリ郡は検査技師の欠員の問題のため保健所による菌陽性の患者の発見が相対的に少ないことによる。

「再発」は1995年が全体の0.8%、塗抹陽性患者の1.5%、1996年がそれぞれ1.3%、2.7%といずれも非常に少ない。しかし、多くの途上国でこの割合は5～10%であることから考えると少なすぎ、問診の不十分さから既往が十分に把握されてない可能性がある。

表５－３

	1995年第４四半期					1996年第１四半期				
	総数	初回	再発	陰性	肺外	総数	初回	再発	陰性	肺外
第１期郡部	260	152	2	100	6	287	144	3	135	5
(%)	100	58	1	38	2	100	50	1	47	2
Lapu Lapu	133	55	1	76	1	148	54	0	87	7
(%)	100	41	1	57	1	100	36	0	59	5
Mandaue	134	49	1	84	0	115	40	1	73	1
(%)	100	37	1	63	0	100	35	1	63	1
Cebu						128	77	5	46	0
(%)						100	60	4	36	0
Danao						17	10	0	7	0
(%)						100	59	0	41	0
総数	527	256	4	260	7	695	325	9	348	13
(%)	100	49	1	49	1	100	47	1	50	2

(注) 「初回」、「再発」はともに塗抹陽性。

５－１－２　初回治療塗抹陽性患者の２ヵ月時点での陰性化率

現在のところ、上記の両期の患者は大半が治療開始後６ヵ月に達していないため、治療成績についてのコホート分析はできない。そこで２ヵ月終了時点の菌所見から治療の進行状況をみた。

表５－４

地域	観察数	陰性	同左率
郡部	78	73	94
市部	36	28	78
総数	114	101	89

この指標の中の「陰性」でない者としては、未だに陽性であるが、今後早期に陰転して最終的には治癒に至ると期待できる者、陰転しない者（治療失敗例）、菌検査を受けない者、治療脱落・死亡・転出例、などが含まれるので、即断できないが、今後大幅な脱落などがでない限りかなり期待の持てる成績である。表にはないがラプラプ市では 74%と、かなり低い値であり、注意深くみていく必要がある。

5－1－3　総括

中間的な所見ながら、このように新指針の実施成績は極めて良好であり、治療成功の目標 85%の達成にも期待が持てる。第2四半期には全6ヵ月のコホート成績が出るので、その時点で再度、精密に検討したい。

当然のことであるが、患者発見では検査技師が欠員であるバリリ郡は明らかに実施状況は不良である。幸いプロジェクトの勧めもあって、バリリはドゥマンジャグと共同で検査技師を採用することになり、今後に改善が期待できる。

ただし、一方では治療開始後の菌検査が必ずしも規定どおりに行われていない向きがあることが最近の視察で明らかにされており、今後の課題である。

5－2　全国結核対策セミナー

本事業はプロジェクト活動計画にも掲げられ、プロジェクトとフィリピン政府保健省との共催、WHOの後援で、本年 10月 23日から 25日までの3日間に開催を予定、その準備がプロジェクト、保健省双方で開始された。

第1日は national convention として、ＪＩＣＡプロジェクトの成果発表等のアドボカシーを中心に行う。プロジェクト専門家、保健省医官に加えて国外からも結核研究所やWHOが招待する欧米の専門家を講師に迎え、各関係方面の指導的な立場の者を集めて開催する。

第2、3日は形式は consultative workshop として、具体的なプログラムの訓練を行う。ただし内容が問題で、どこまで新指針とするか等は未定である。この新指針は4月に原稿完成したものの、印刷の目処は立っていない。このワークショップでは Procedural guidelines を作成して用いる。いずれにせよ、セットアップと内容の準備にはかなり時間とエネルギーが必要とされる。

5－3　総括と課題

以上のように本プロジェクトは順調に実施が進行しているが、前項で確認した事項以外の本プロジェクトの実施状況や問題点について、以下のように所見や検討を要約した。

5－3－1　政府の積極的関与

結核対策が国の政策として適正な優先性を与えられているか否かは対策そのものの成否を大きく左右するが、フィリピンの場合には少なくとも結核問題を国の主要な健康問題の1つとみる点で中央政府の姿勢には問題はないといえる。特に最近、WHO西太平洋地域事務局長と保健大臣の会談でこのことが確認され、これに対応してWHOからも相当の資金面も含めた援助が計画されていることは、政府側からも、またWHO担当医官、更に地域事務局長自身からも聞くことができた。もちろん実際的な面では、地方分権の問題、その中での州レベルの介在の曖昧さ、郡レベルでの監督体制の弱さ等は依然、問題として残るが、近年にない対策気運の高まりにあることは間違いないと思われる。

最後の点について、セブ州では郡レベルに「調整保健婦」（「監督保健婦」から改称された）が中央政府職員として確保され、これが新プログラム実施上、郡内の保健所を束ねる重要な機能を果たしている。しかし、この職位が既に多くの州で消滅しているとの情報もあり、今後、国家

プログラムを拡大する上で問題となる可能性がある。また、一方で政府関与の強化の中でセブ地域のような方向での見直しが行われることも期待される。

5－3－2　私的医療機関との連携

現在、これまで主要な患者発見方式であった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、本プロジェクトの展開と新指針の実施に伴って廃止され、受動的な有症状者のＰＨＣサービスの中での結核診断の方式が定着しつつある。また、診断時の連続３回検痰方式もかなりよく受け入れられるようになった。

しかし、一方で私的医療サービスとの相互関係は予想のとおり特別な配慮を要する問題になったように思われる。私的施設でＸ線撮影による結核の診断を受けて公的サービスに送られてくる患者が「菌陰性患者」として安易に登録される問題であるが、新登録患者中の菌陰性の者の割合が増加する傾向が一部の地域で認められている。政府サービスにおいて短期化学療法が菌陰性患者にも広範に用いられるようになった現在、これをあてにした安易な「活動性結核」の紹介が増えることには十分な注意が必要であり、また、この点で私的医療機関との意志疎通がますます必要になるであろう。

5－3－3　短期化学療法とＤＯＴＳの今後

短期化学療法は新しい指針によって制度化され、これに従いすべての結核患者の治療が中央政府から支給されるレジメンで賄われることとなった。従来自治体が購入していた標準治療（短期治療とは異なる）の薬剤は不要となり、薬剤供給体制の管理上は単純化するため、当面のプログラム推進には有利となる。ただし、レジメンに関し、治療開始初期の２ヵ月間が世界的な標準である４剤ではなく、ＥＢを除いた３剤（ＲＦＰ＋ＩＮＨ＋ＰＺＡ）であり、初回耐性例の治療の不成功を招きはしないか気にかかるところである。このＥＢの不使用については、本プロジェクトを始め、ＷＨＯからも批判をされている。現行のレジメンが妥当であるか否かは、今後、結核菌の薬剤耐性頻度の実態調査を行い判定されるであろう。

ＤＯＴＳはＷＨＯが目下、世界各国に強力に推し進めている治療方式であるが、当地では全く実施されていない。本年、ＷＨＯの後押しにより全国いくつかの地域でプロジェクトが開始される際にＤＯＴＳが実施されるようであるが、セブのように従来の方法である程度の成績を達成しているところでＤＯＴＳへの転換を行うことにはつらいものがある。しかし、都市部など可能なところを皮切りに、いずれは全国へと拡大されていくと思われ、今後はプロジェクトとしても前向きに取り組んでいく必要がある。

セブ市では市内のスラム地域においてＤＯＴＳを試行する計画が市当局とプロジェクトで検討されており、成功が期待されている。

5－3－4　薬剤の供給体制の問題点

薬剤の供給不足は、セブ地域ではしばらく直面しない問題であった。また、プロジェクトでは「バッファーストック」として、このような事態に備え一定の薬剤を備蓄しておく方式を実施していた。ところが、先般、中央政府からのＲＦＰ＋ＩＮＨのブリスターパッケージの供給が停止されるという事態が生じ（原因は基本的には在庫管理の失敗）、現地ではＲＦＰ＋ＩＮＨ＋ＰＺＡブリスターからＰＺＡを切り取って患者に配布をしていた。しかも、残念なことにセブ地域では、かねてより用意していたバッファーストック方式がうまく作動しなかったらしい。

今回は以前と違って薬剤の完全な涸渇ではない点で被害は小さいが、在庫管理の失敗という点では全く同じことであり、もしこれが３剤のパッケージの供給停止だったらどうなったことか。また、プロジェクトでも折角のバッファーストックの援用のタイミングを失したことについても、より深刻に受け止めて再発の防止に努めるべきである。

5－3－5　レファレンスラボラトリーの今後の方向

セブ胸部センターの検査室では同定検査（ナイアシン・テスト、光発色、成長速度）を開始した。これによれば非定型抗酸菌では速育菌がすべて第４群菌と記録されている（ただし、３群菌もあり得る）。

しかし、問題点は多い。第一に同定の結果が還元されていないが、これは検査業務自体のvalidationを可能にするために必要である。第二に検査対象の問題であるが、現行の検査対象はセブ胸部センターの患者に留まっており、結核の一次スクリーニングの段階からのルチン検査であって、本来のレファレンス機能には達していない。この状態を脱するためには、もう一段階努力すべきであり、急ぐ必要がある。

今後、確立すべきレファレンス機能の具体例としては、以下のものが挙げられる。

① 治療２ヵ月陽性例の喀痰検査（同定、培養、感受性）
② 治療失敗例の検査（同）
③ 再治療例の治療開始時点の菌検査（同）
④ 無作為に抽出された塗抹陽性患者の治療開始時の喀痰培養（隣接地域のみ？）
⑤ 塗抹スライドの再検鏡（現地判定陽性、陰性、特に陰性結核患者の３群についてそれぞれ各四半期ごとに５例ずつ無作為に提出させる。）

6．提言

既述のとおり細部の問題はいくつか残るものの、当初の目的に照らし、本プロジェクトは極めて順調に成果を収めつつあると考えられる。フィリピン政府やWHOも本プロジェクトの成功に注目し、これをバネにして新指針の全国展開を計画しており、当然日本側にもそのための更なる協力を期待している。

そのような状況の下、今後日本が協力を行うとすれば、その内容としては、①プロジェクト地域の拡大、②菌検査の全国的レファレンス機能、③研修・訓練、が挙げられる。

地域の拡大であれば、WHOと保健省が計画しているいくつかの州とは別の、しかも受け入れ態勢の良好な地域（州）を選ぶべきであろう。菌検査については既存の施設（例えばＢＲＬ等）を改善して機能を高めることが本筋であろうが、今回視察したところではかなり困難が予想される。少なくとも、結核対策課の指示が確実に通るような大幅な組織改訂と人事の刷新の必要があろう。無理に全国をカバーする施設を求めずに、セブのような小規模な施設をいくつか作り、それぞれ隣接する複数の州をカバーする方が効果的とも考えられる。

いずれにせよ、結核対策に対して大統領、保健大臣以下この国の政策決定者が本格的に熱意をみせ始めている現在、この５年間の経験に立って日本が技術協力を行うことは極めて意義深く、大きな効果が期待できると思われる。

附　属　資　料

① ミニッツ
② 施設視察メモ

① ミニッツ

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

The Japanese Advisory Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr.Toru Mori, Vice-Director, The Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association, visited the Republic of the Philippines from June 17 to 25, 1996 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 concerned 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.

Manila, June 25, 1996

Dr. Toru Mori
Leader,
Advisory Team,
Japan International Cooperation Agency,
Japan

Dr. Antonio S. Lopez
Assistant Secretary and Officer in Charge,
Office of Public Health Services,
Department of Health,
The 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 3 long-term experts to the Philippines and has accepted 9 counterpart personnel as trainees in Japan, and also has provided equipment to activate the implementation of the Project.

The activities of the Project has been performed according to the plan agreed upon at the annual Joint Coordinating Committee Meeting. It is expected that Intensive Service Area will covered the entire area of Cebu toward the end 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 its maintenance shall be taken by the Philippines side.

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

3. While the Project is being implemented successfully and approaching to the end, the Project should make further effort to strengthen the mechanism to ensure sustainability of the program after the termination of the Project.

III. ACHIEVEMENT OF TENTATIVE SCHEDULE OF IMPLEMENTATION

The technical cooperation activities under the Project which have been carried out by the end of June 1996 are presented in ANNEX I.

IV. 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	2
Coordinator	1
(2) Short-term Experts	
Tuberculosis Control	8
Epidemiology	5
Bacteriology	6
Sociological Survey	2
Supervision & Monitoring	1
Radiology	2
Laboratory Network and Logistics	1

2. Counterpart Training in Japan

Group training course in Tuberculosis Control II	6
Group training course in Laboratory Works for Tuberculosis	3

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

5. Number of Local Seminars conducted — 17 Courses (30 Batches)

ANNEX II

TENTATIVE SCHEDULE OF IMPLEMENTATION OF THE PROJECT

Japanese Fiscal Year (April to March)	1992/93 9 10 11 12 1 2 3	1993/94 4 5 6 7 8 9 10 11 12 1 2 3	1994/95 4 5 6 7 8 9 10 11 12 1 2 3	1995/96 4 5 6 7 8 9 10 11 12 1 2 3	1996/97 4 5 6 7 8 9 10 11 12 1 2 3	1997/98 4 5 6 7 8
1. Dispatch of Japanese Experts to the Philippines						
(Long term experts)						
Chief Advisor	———	———	———	———	———	———
Coordinator	———	———	———	———	———	———
Others						
(Short term experts)						
Tuberculosis Control	—	— 2	—	— — —	— — 2 —	—
Epidemiology		— —	—	— —	— —	— —
Bacteriology		—	— —	— —	— —	—
Sociological Survey		— —				
Supervision & Monitoring		—				
Laboratory Network & Logistics			—			
Radiology			—	—	--	
Others						
2. Counterpart Training in Japan						
Tuberculosis Control	— 2	———	———	———	———	———
Laboratory Works for Tuberculosis Control		———	———	———	———	--
Others						
3. Provision of Machinery and Equipment	———	——— ———	——— ———	———	———	———
4. Dispatch of Japanese Missions to the Philippines	Consultation —		Consultation Survey —		Advisory —	Evaluation --

Note: This schedule is formulated tentatively on the assumption that the necessary budget will be acquired by both sides.

Note: 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 施設視察メモ

1) Bureau of Reference and Laboratory (BRL)

保健省直轄の高度検査センターで、強いていえば日本の衛生試験所・予防衛生研究所に当たる。1994年から、細菌学部（部長 Dr.Munar）で結核菌検査を実施している。四半期で菌検査件数500件、うち400件はＴＢＣＳ直営のクリニックのもので、他には数ヵ所の病院から運ばれる。患者が早朝痰を届けに来るという。陽性率は20%くらいである。

検査は塗抹、培養、蛍光法、感受性などで一式として行っているが、培養の大半が世界的にも標準外の「濃縮法」で行っている。バクテック（米軍病院の放出品）も機械本体はあるが、部品がないので使用できない。職員は23年の経験を持つベテランの細菌学者の下に２人の技師がいる。

その他の活動としては、ＴＢＣＳと協議して研修を年に数回実施しているが、現地に出張しての監督やＱＣなどは行っていない。

フィリピンのレファレンスラボラトリーはこのＢＲＬの他にはセブ、リージョン１、サンボアンガ、ダバオにあり、後３者はWHOが主として備品を援助し、一部（凝固器）をフィリピン大学のプログラムで購入した。いずれも本格的な現場ＱＣは未だに実施していない。

2) セブ市保健部

本年からＩＳＡに参加した。

ＨＩＶはセンチネルサーベイランスを行っている。ただし結核患者は対象ではない。ＲＦＯ－７のＳＴＤ／エイズ調整官の情報では以下のようになっている。

1984～1996年第１四半期の件数；陽性者総数29、うち死亡６例

セブ州３（うち死亡２）、セブ市19（同１）、ラプラプ市１

モールボード市４（同１）、ドゥマゲテ市４（同１）

ボホール州１（同１）

陽性者、患者のほとんどは女性売春婦であるが、同時に薬物使用者のことが多い。

市保健部長は結核の患者発見のための有症状者の初回の菌検査が陰性と判明した後の追跡が重要といっていた。また、私的医療機関との連携についてはTri-city Program（隣接のマンダウエ市、ラプラプ市と提携した保健計画）、また医師会と共同のLung Study Groupがあり、その中で喘息や結核の診療についての連携を討議する余地がある。ＪＩＣＡもこのようなプログラムに協力する用意があると遠藤リーダーから伝えた（文献の配布など）。

3) セブ市 Bario Luz Area Health Center

人口16万人、検査技師は２人、新指針は本年３月から参加した。

12のバランガイとＨＣを総括する。

4) セブ市 Hipodromo Health Center

人口8,000人、３月以降、新登録患者は６人（うち菌陽性４人）、菌検査実施は15人、うち４人陽性。

5) ダナオ市

14 BHS、菌検査は月 70 件、技師は2名。

3人のBHSの midwife の担当患者のカードを点検した。患者数は各4～5人くらいであった。投薬記録を鉛筆でカードに書いている例があり、注意した。また due date の設定方式が理解できていない者もいた。RHU看護婦が midwife たちをきびきびとリードしていた。

薬剤倉庫を視察、すごい熱気と化学薬品の異臭の立ちこめる倉庫だが、一応整然としている。在庫管理は薬剤ごとの Stock file カードで入・出・現在量を管理している。

6) カルメン保健所

Mohon BHS の分を点検した。人口 1,054 人。ただし、この midwife は他のバランガイもみており、受け持ち総人口は 3,200 人とのこと。この5ヵ月で菌検査をした有症状者は 13 人、うち菌陰性は2人で、ここは菌陰性の患者が少ない。当保健所長の夫人が地域で唯一の私的医療機関を開業、有症状者が受診するとそのまま保健所に紹介し、徒にX線検査に走らないためとのことであった。

現在、維持期の薬剤ブリスターが供給切れ（TBCSの問題）で、強化期のパッケージからPZAを切りとって用いている。余ったZはどうするのか、またプロジェクトのバッファーは使われたのか疑問が残る。

7) ソゴド保健所

所内である midwife の担当地区のカードを点検した。投薬日に全患者について血圧と体重を測定している。結核業務が全業務の 60%を占めるとのことであった。

検査室は流しがなく、便所の便器の脇に設置された手洗いを代用している。検痰用の新しい容器が品切れのため、旧式のものを使っている。試薬について尋ねたところ、自治体が購入するものもあり、そうしたものの中に染色のための加熱の必要がない cold method と称する染色液があるとのこと。ZN法の標準手順から逸脱する危険があり、注意を要する。管内のバガタヤンBHSを急いで視察した。

8) 施設の全体的な問題点

① 投薬は原則週1回であるが、実際には2週ごともかなりみられ、代理人や職員による配達もたまにあるようだ。地域によって、このような逸脱の頻度が違う印象を受けたが、交通の便利さによる相違か、職員のモラルの違いか。最初の2ヵ月だけでも毎週投薬するよう、体制の強化が必要であろう。

② 3回検痰が、かなりよく普及していることは喜ばしい。

③ 薬品の管理について、プロジェクトでは意識的に放置してきたというが、やはり安定性に欠けるように思われる。正式な薬剤管理体系はDOH（Region）－Province－Health Center まで、それ以下は略式でもいいが、いずれにせよ統一的な原則で管理すべきであろう。今回観察したように、維持期の薬剤の在庫がない、あるいは検痰容器がないといった問題は、やはりこの原則のなさに起因しており、更に深刻な事態につながることも考えられる。

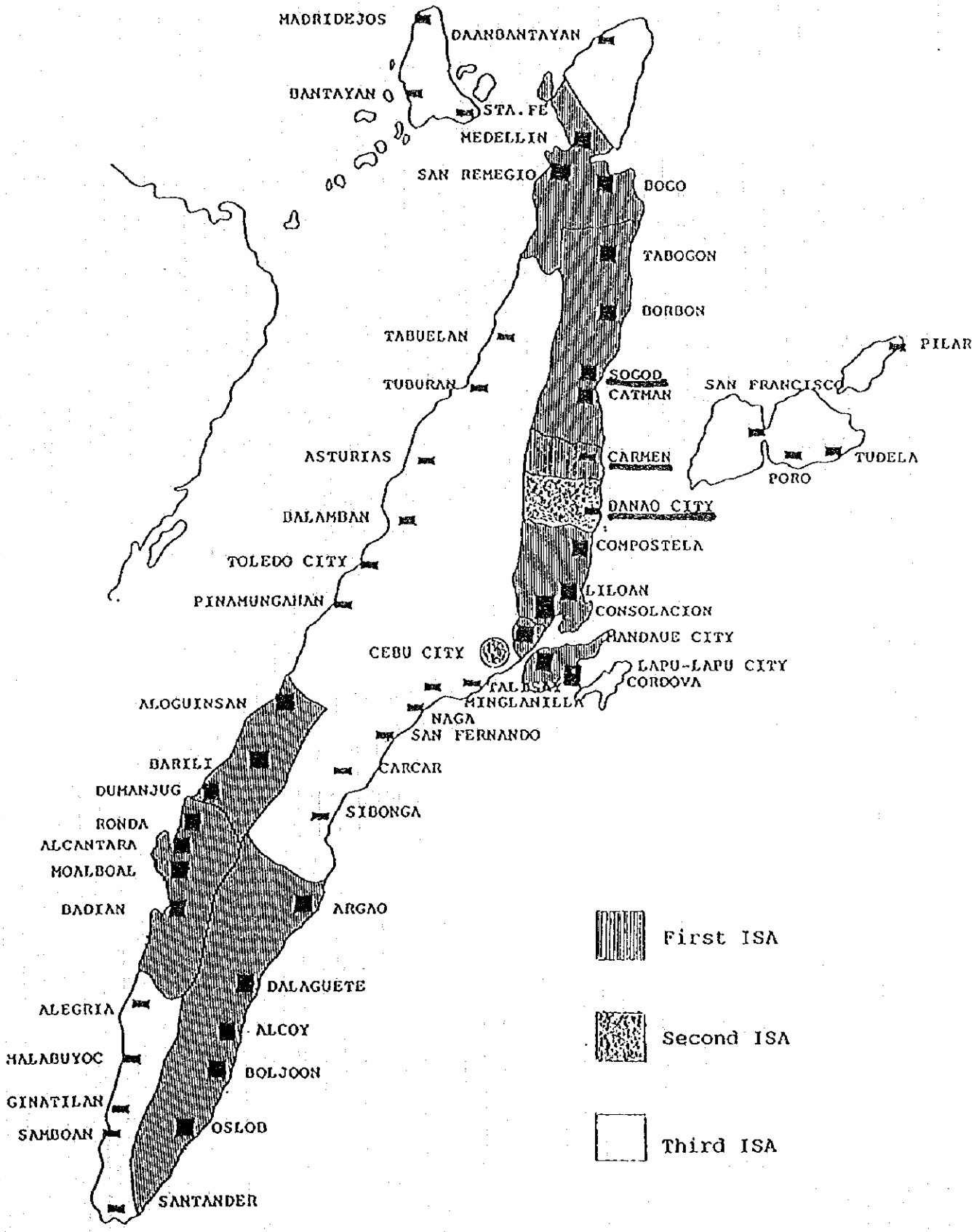
④ 統計について、FHSISと結核対策内部の報告が並存しているため、現場職員にとって二重の負担になっている。新指針の全国展開との関連において検討が必要であろう。

参　考　資　料

① ＩＳＡ地図
② 第３回合同調整委員会議事録
③ 第４回合同調整委員会議事録
④ 第５回合同調整委員会議事録
⑤ 結核対策新指針の実施に係る提言（付：抄訳）

① ＩＳＡ地図

INTENSIVE SERVICE AREA



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４回合同調整委員会議事録

MINUTES OF THE
FOURTH JOINT COORDINATING COMMITTEE MEETING
DOH-JICA The Public Health Development Project

DATE : November 20, 1995
TIME STARTED : 2:50 p.m.
TIME ENDED : 4:55 p.m.

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

CHAIRPERSON : DR. CARMENCITA N. REODICA
Undersecretary for Public Health Services
Department of Health (DOH), Manila

ATTENDANCE : Members

DR. MARIQUITA MANTALA
Director III
DOH-TB Control Services, Manila

DR. MARIETTA C. FUENTES
Director III
DOH-IRFO 7, Cebu City

DR. JESUS FERNANDEZ
Provincial Health Officer II
Cebu IPHO, Cebu City

DR. TOMAS FERNANDEZ
City Health Officer II
Cebu City Health Department

MR. EIJI IWASAKI
Asst. Resident Representative
JICA-Philippine Office, Manila

DR. SHOICHI ENDO
Chief Adviser
DOH-JICA Project, Cebu City

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

DR. MASASHI SUCHI
JICA Expert
DOH-JICA Project

OBSERVERS AND COUNTERPARTS PRESENT:

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

MS. LETICIA O. CANOY
Administrative Officer V
DOH-IRFO 7, Cebu City

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

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

DR. ENRIQUE SANCHO
MS II/Chief, Cebu Chest Center
DOH-IRFO 7, Cebu City

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

DR. MEDALLA BORROMEO
City TB Coordinator
Cebu City Health Department

SEC. NORIHIKO YODA
First Secretary
Embassy of Japan

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

MS. NYREE DAWN CAÑETE
Technical Assistant
DOH-JICA Project, Cebu City

MR. GIOVANNE NILLES
Secretariat

Minutes Proper: (See Annex A for Minutes in Detail)

I. Progress Report ..... Dr. Elaine Teleron
   1. Improvement of Case finding and Treatment
      1.1 Field tests implementation of the New NTP Guidelines
      1.2 Improvement of Recording, Reporting, Supervision/Monitoring
      1.3 Expansion of the ISAs to the cities of Cebu and Danao
      1.4 Reference Laboratory
   2. IEC Activities
      2.1 A Regional Advisory Council for TB (RAC-TB)
      2.2 Video on health education
   3. Equipment and Supplies
   4. Training
      4.1 Training in Japan
      4.2 Technical Exchange Program in Nepal
   5. Dispatch of Japanese Experts
      5.1 Long-term
      5.2 Short-term
   6. Discussion of Issues and Concerns Pertaining to the Progress Report
      6.1 Major revisions of the New NTP Guidelines
      6.2 Availability of RHU Med. tech
      6.3 Report submission from the field

II. Annual Work Plan ..... Dr. Shoichi Endo
   1. Expansion of ISAs
   2. National Workshop/Seminar for nationwide expansion of the new NTP guidelines
   3. Dispatch of Japanese Experts
   4. Counterpart training in Japan
   5. Equipment and Supplies
      5.1 Microscopes
      5.2 Fluorescent microscopes
      5.3 Teaching microscope
      5.4 Superboards
      5.5 One vehicle
      5.6 Motorbikes
      5.7 Laboratory sinks

III. Discussion of General Issues and Concerns
   1. Formulation of the Annual Work Plan
   2. JCC Meetings
   3. Regional Advisory Council for TB (RAC-TB)
   4. Staff in the Reference Laboratory
   5. Reporting System
   6. Processing and Distribution of Equipment provided by JICA
   7. Maintenance of equipment provided by JICA
   8. Important function of DNC in NTP
   9. Nationwide implementation of the new NTP guideline
   10. Coordination with the Urban Health and Nutrition Project (UHNP)

IV. Summary

Annex A
Minutes in Detail
Fourth Joint Coordinating Committee Meeting
DOH-JICA Public Health Development Project
Reference Laboratory of Cebu Chest Center
November 20, 1995

The meeting was formally opened by Dr. Carmencita Reodica. The agenda was approved as it is.

I. Progress Report (Project Activities Jan. 1995 - Nov. 1995)

1. Improvement of Case finding and Treatment

1.1 Field tests implementation of the New NTP Guidelines to the rest of the Intensive Service Areas (ISA) has started from September 1995. Prior to its implementation, training of field workers were conducted at three levels namely (1) for district nurse supervisors; (2) workers in charge of the management of tuberculosis services at RHUs and (3) Rural Health Midwives.

1.2 Improvement of Recording, Reporting, Supervision/Monitoring

A good recording and accurate reporting system was established in Dalaguete RHU I and Mandaue City, the first two field tests areas. Record linkage between registries are observed. Frequent supervision and monitoring at the different levels is encouraged.

The following encouraging results were reported from Mandaue City and Dalaguete RHU I where the feasibility of the new NTP guidelines has been tested since June 1994. The Cure rate of new smear positive cases is 79 percent. Positive rate of sputum examination among TB symptomatics is 10 percent.

1.3 Expansion of the ISAs to the cities of Cebu and Danao. From the encouraging results of the field tests implementation, expansion of the new NTP guidelines to these two areas is undertaken. In planning for the expansion, a baseline survey was conducted. Orientation training to field workers started last November 13-17, 1995. Actual implementation will start at the end of January 1996.

1.4 Reference Laboratory. The laboratory infrastructure was already completed. Refresher training courses on Laboratory works was conducted to Medical Technologists (MT) from cities of Cebu and Danao. Microscopy training for provincial validators was also made.

Culture examination has started but quality of examination has yet to be improved. Manpower complement provided includes one permanent MT and laboratory aide, one (1) contractual MT and the permanent Medical Technician of Cebu Chest Center. Chairs has been allocated and soon shelves will be provided. Presently one MT participated the tuberculosis laboratory training at the Research Institute of TB (RIT), Japan.

2. Information Education Communication (IEC) Activities

2.1 A Regional Advisory Council for TB was organized under the chairmanship of Dr. Bigornia, a pulmonologist of Chong Hua Hospital. It is composed of the academe, professional groups and other non-government organizations (NGOs). The council provided the forum for exchange of information on the National Tuberculosis Control Program and hopefully they can support the implementation of the new NTP guideline.

2.2 A video on health education translated into local languages (Cebuano and Tagalog) was produced.

3. Equipment and Supplies. The project was able to procure, allocate and distribute the needed equipment and supplies in the field areas and in offices concerned with the TB Control Program. The equipment includes microscopes, printing machines, sound system, portable sound system, copier, overhead projector, screen, slide projector and motorbikes.

4. Training. Filipino counterparts has participated the following training programmes abroad, namely:

4.1 Training in Japan. The Chief of Cebu Chest Center has undergone the basic training course on TB Control in RIT, Japan. One MT from the Reference Laboratory is also participating the training on Laboratory Works in RIT.

4.2 Technical Exchange Program in Nepal. A Doctor, Nurse and 2 Med.Techs. visited the JICA TB Project in Nepal under the technical exchange programme of JICA.

5. Dispatch of Japanese Experts.

5.1 Long-term

Dr. Suchi ended his assignment last August 1995 and Dr. Endo took over as the chief adviser. His assignment will be until the end of the Project in August 1997. Mr. Terasaki, the Project Coordinator will end his contract by December 1995 but which will be extended until the end of August 1997.

5.2 Short-term

Six Japanese Experts were received by the Project. Dr. Yamada and Dr. Endo were the experts on TB Control; Ms. Fujiki (Bacteriology); Mr. Nakaoji (Radiology); Dr. Mori (Epidemiology); Dr. Suchi (Supervision/monitoring; TB Control).

6. Discussion of Issues and Concerns Pertaining to the Progress Report:

6.1 Major revisions of the New NTP Guidelines. The program adopted a policy of passive case finding. It is proven to be cost-effective because field workers properly identify a TB symptomatic. Field workers stay at their stations instead of going out to the community to look for symptomatic. Three sputum collections are made for every TB symptomatic. The TB symptomatic who had three sputum collection is around 80-85 %.

For treatment, short courses are adopted. Regimen I (2HRZ/4HR) is given to New cases (smear positive; Extra-pulmonary (EP); smear negative but with moderately/far advance radiographic lesions). Regimen II (2HRZES/1HRZE/5HRE) is given to relapses and treatment failure cases. Regimen III (2HRZ/2HR) is given to smear negative cases with minimal PTB lesions in the lungs.

Recording and reporting is simplified, systematized and record linkage between registries can be observed. Supervision and Monitoring activity is done utilizing a supervisory checklist.

6.2 Availability of RHU Med. tech. The constraint in the implementation of new guideline is the availability of MT. Dr. Endo pointed out that sharing of MT with the neighboring municipalities is practical because the RHU workload is not so high. Dr. T. Fernandez suggested that through the League of Municipalities, sharing the services of MT will be facilitated.

6.3 Report submission from the field. Prompt report submission from the field was attributed to the regularity of supervision and monitoring with TB Coordinators. Intensive training with the District Nurse Coordinators, involvement of IPHO Nurse supervisors and frequent task force meetings were identified as the contributing factors.

II. Annual Work Plan (Japanese FY April 1996 - March 1997)

1. Expansion of ISA. The project will expand the ISA to the last third of Cebu area by 1996.

2. National Workshop. A national workshop on Tuberculosis Control will be held sponsored by the Project and DOH-TB Control Service, Manila with the support from the Research Institute of TB, Japan and WHO. This will be a three (3)day workshop. The first day will involve the professional groups and NGOs and the succeeding 2 days will focus on government Medical Officers. Experiences of field test activity of the New NTP Guidelines in Cebu Province will be shared on this forum.

3. Dispatch of Japanese Experts. Short-term Japanese experts will be received by the Project. Four man-month Medical Officer, 2 man-month laboratory technician and 1 week X-ray technician. Three man-month medical officer is needed for the management of the TB Control program and 1 man-month to evaluate the Project and see the feasibility for Project extension. Laboratory technician is needed to continuously improve the laboratory activity which includes culture and hopefully sensitivity. X-ray technician is needed to check the quality of X-ray examination of Cebu Chest Center.

4. Counterpart training in Japan. One slot per category is available for the counterpart training in Japan. The following are the training courses: Group Training Course on Tuberculosis Control for 4 months duration and Laboratory Works for 5 months.

5. Equipment and Supplies. The following listed equipment will be proposed in 1996 Japanese fiscal year.

5.1 Microscopes for the last third of Cebu project area.

5.2 Fluorescent microscopes for Cebu City since a high workload was observed and to improve program efficiency, one is allocated for the Reference Laboratory.

5.3 Teaching microscope for Ref. Lab. to enhance the cross-check system between RHU and validators.

5.4 Superboards for Ref. Lab. lecture room and DOH-TBCS. This is helpful during training, meetings and etc.

5.5 One vehicle for Cebu City to enhance supervision/monitoring activity.

5.6 Motorbikes for laboratory technicians who cover two or more RHUs and RHUs which cover a wide area.

5.7 Laboratory sinks for improvement of RHU's laboratory.

III. Discussion of General Issues and Concerns

1. Formulation of the Annual Work Plan. Dr. Reodica recommended that the Regional Director should be involved in the formulation of the annual work plan.

2. JCC Meetings. For the JCC members to be updated, it was suggested by Dr. Mantala that the Project should provide a one page quarterly report of the highlights of the Project. The members also agreed to meet twice a year, every May and November.

3. RAC-TB. The status of the RAC-TB was clarified. Dr. Teleron expressed that presently there is just an exchange of information with its members. In the near future their support will be clearly identified. Dr. Fuentes suggested that the name should be change to the Regional council for TB since DOH cooperates with them to follow the NTP guidelines and thus standardizing the management of TB. Dr. Fuentes proposed to invite their representatives to one of the JCC meetings.

4. Staff in the Reference Laboratory. It was proposed by Dr. Mantala that contractual workers at the Ref. Lab. will be made regular to ensure continuity of the program implementation. Ms. Canoy explained that the Department of Budget and Management (DBM) would not approve of the hiring of regular employees until 1997. Until such time contracts will be renewed every six months with a break of 15 days per contract. Regular positions that DOH can accommodate at present is one (1) Med. tech. and one (1) laboratory aide.

Dr. Teleron raised that there is one DOH retained Med. tech. in Guihulngan, Negros Oriental, DOH can look into the possibility of utilizing this MT.

Dr. J. Fernandez and Dr. T. Fernandez offered to send staff for the counterpart training and temporarily render services at the Ref. Lab. to augment the manpower need.

Dr. Yoda and Dr. Endo did not see any problem in training the province or city staff but it was highly recommended to hire regular employees for the Ref. Lab. as soon as DOH fund is available. Dr. Endo further explained that if the Ref. Lab. were to accept the temporary service of the staff from the city or province, terms of reference for them should be clearly defined.

Ms. Canoy clarified that DOH can send contractual employees for training abroad as long as there is no government expense involved.

5. Reporting System. Dr. Teleron explained that for the new NTP guidelines three reports are required quarterly aside from the regular reports. These are the Laboratory report, Report on New cases and Relapses of TB and Cohort analysis. Dr. Endo requested that three copies will be furnished by the reporting unit to be submitted to IPHO, DOH (Central Office) and JICA Office.

Dr. Mantala said that there are plans of the Health Information Center to revise the Field Health Service Information System (FHSIS) into simpler forms. Dr. Reodica promised to discuss with the executive committee concerning FHSIS.

6. Processing and Distribution of Equipment provided by JICA. Ms. Canoy commented that the role of the support services in the program was already straightened. The unit previously failed to extensively support the program as it was not properly informed of its role. But now since the Support Services is already involve from the planning stage it can anticipate and plan beforehand.

7. Maintenance of equipment provided by JICA. Dr. Reodica said this will be incorporated into the functions of the Support Services.

8. Important function of DNC in NTP. Dr. Fuentes pointed out the important role of the District Nurse Coordinators in the program implementation at the field level. She added that District Health System Approach will be recommended for adoption in the nationwide implementation.

9. Nationwide implementation of the new NTP guideline. Dr. Reodica said the DOH is in the process of strengthening the TB Control program in the country. With the success shown in the implementation of a semi-vertical program in Cebu, she will recommend to the Health Secretary the adoption of a semi-vertical program. She further added that passive case finding will be adopted as a national strategy.

Dr. Mantala stated that nationwide implementation of the new guideline will be started as soon as possible. By the second quarter of 1996, evaluation on the feasibility of the new NTP guideline will be done. Detail discussion concerning the nationwide implementation will be made in the next JCC meeting.

10. Coordination with UHNP Project. Dr. Mantala suggested that coordination with the Urban Health and Nutrition Project (UHNP) which also supported NTP should be made.

IV. Summary

Dr. Reodica summarized the discussions of the meeting as follows;

1. Coordination among the local government units (LGUs) which will be sharing the services of a Medical Technologist should be made.

2. The importance of training, supervision/monitoring and simplified records and reports enables field workers to submit regularly the needed reports.

3. There is also a need to look into the organizational structure in the region to further strengthen the key players in the project implementation.

The Regional Health Office and the Regional Director should be actively informed.

4. The Joint Coordinating Committee members should meet at least twice a year. JCC members must be briefed every quarter on the major highlights of the Project. The task force should meet as often as the need arise on top of its regular quarterly meetings.

5. Both Cebu City and Cebu Provincial Health Offices expressed desire to help in the augmentation of the manpower at the Ref. Lab.

The RHO will look into the possibility of reassigning the MT from Guihulngan, Negros Oriental. Meantime, the casual MT will be utilized.

6. Surveillance on TB and AIDS cases should be monitored.

THE CHAIRMAN:

CARMENCITA N. REODICA, M.D., M.P.H.
Undersecretary for Public Health Services,
Department of Health,
Manila

④ 第５回合同調整委員会議事録

MINUTES OF THE
FIFTH JOINT COORDINATING COMMITTEE MEETING
DOH-JICA The Public Health Development Project

DATE : June 13, 1996
VENUE : Reference Laboratory of Cebu Chest Center, Cebu City
CHAIRPERSON : DR. MARIQUITA MANTALA
Director III, DOH-TB Control Service, Manila

MEMBERS PRESENT:

DR. FELICITAS URETA
Director, Foreign Assistance
and Coordinating Service,
Manila

DR. ERLINDA CABATINGAN
Chief, Programs Division,
Cebu City

DR. MILAGROS BACUS
Director III, DOH-RFO 7
Cebu City

MR. EIJI IWASAKI
Resident Representative,
JICA Philippine Office

DR. JESUS FERNANDEZ
Provincial Health Officer II
Cebu IPHO

DR. SHOICHI ENDO
Chief Adviser
DOH-JICA Project, Cebu City

DR. FELICITAS MANOLOTO
Assistant City Health Officer,
Cebu City

DR. MASASHI SUCHI
JICA short-term expert
DOH-JICA Project, Cebu City

COUNTERPARTS AND OBSERVERS PRESENT:

MS. LETICIA O. CANOY
Administrative Office V
DOH-RHO 7, Cebu City

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

DR. LUCIA S. FLORENDO
Medical Specialist IV/
Provincial Coordinator
DOH-RHO 7, Cebu City

MS. ARELI BORROMEO
Provincial TB Nurse Coordinator
Cebu IPHO

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

MS. MARIA CAROLYN DACLAN
Technical Assistant,
DOH-JICA Project

DR. ENRIQUE A. SANCHO
MS II/Chief, Cebu Chest Center
DOH-RHO 7, Cebu City

MS. NYREE DAWN CAÑETE
Technical Assistant,
DOH-JICA Project

Minutes Proper: (See Annex A for Minutes in Detail)

I. Progress Report ..... Dr. Elaine Teleron
(Project Activities December 1995 - June 1996)

1.1 Expansion of the new NTP guidelines to the whole area of Cebu
1.2 Counterpart training
1.3 Short-term experts from Japan
1.4 Supplies and Equipment
1.5 Concerns on the Progress Report
1.5.1 Continuation of the services of the MT of the Reference Laboratory
1.5.2 Equipment distribution to the field.

II. Annual Work Plan ..... Dr. Shoichi Endo
(June 1996)

2.1 Training of the Staff in the Third ISA
2.2 Implementation of the new NTP guidelines in the third ISA
2.3 Visit of Japanese Technical Guidance Survey Team
2.4 Visit of X-ray Technician
2.5 Visit of a Medical Technologist
2.6 National Seminar/Workshop
2.7 Short-term expert on TB Control

III. Discussions of Issues and Concerns

3.1 Mechanism to sustain the NTP
3.2 Logistics on Anti-TB drugs
3.3 Administrative Committee of the Project
3.4 Quarterly Project Report to JCC Members.
3.5 Cooperation with DOH-TBCS and WHO
3.6 Nationwide implementation of the new NTP guidelines
3.7 Schedule of next JCCM

IV. Summary of discussions
4.1 Hiring of the Reference Lab. MT
4.2 Equipment distribution
4.3 Formation of Project core group

Annex A
Minutes in Detail
Fifth Joint Coordinating Committee Meeting
DOH-JICA Public Health Development Project
Reference Laboratory of Cebu Chest Center
June 13, 1996

The meeting was formally opened by Dr. Mariquita Mantala. Review of the minutes of the fourth JCCM was made.

I. Progress Report (Project Activities December 1995 - June 1996)

1.1 Expansion of the new NTP guidelines to the whole area of Cebu

The activities of the project focused on the expansion of implementation of the new NTP guidelines to the whole area of Cebu. The new NTP guidelines were formulated based on the recommendations of WHO evaluation team in 1993 and emphasize on passive case finding, regular and complete SCC treatment and monitoring with effective recording and reporting.

The first Intensive Service Areas (ISA) started the implementation of the new guidelines at the beginning of October 1995.

The second ISA completed the training of the staff at three levels namely supervisor level, Health Center and Barangay Health Station in January 1996. Danao City started its implementation in early February 1996 while Cebu City started at the beginning of March 1996.

The quarterly reports on the activities in the first ISA were produced at the meeting of the RHU nurses and Medical technologists (MT) at the local laboratories and showed the feasibility of the guidelines. Percentage of symptomatic who submitted three sputum specimen is 84.8%. Positive rate, the patients found smear positive among symptomatic was 16.0%. The rate was around 3% when active case finding was the policy. The negative conversion at the end of two month treatment of the new sputum positive cases was around 80%.

The expansion of implementation of the guidelines to the third ISA was being planned. The Mayors of all Municipalities in the third ISA were visited by the Regional or Provincial TB Coordinators and Project staff to obtain their cooperation and commitment to the NTP.

The survey team consisting of the Regional or Provincial TB Coordinators and JICA short term expert visited all RHUs to obtain the necessary information for the introduction of the guidelines such as the available manpower, facility, previous NTP performance etc.

The training of the staff at the health facilities with the similar program to the previous training for the first and second ISAs started late in May and will be completed in August 1996.

1.2 Counterpart training

The Medical technologists of the Reference Laboratory returned after undergoing the TB laboratory training at the Research Institute of Tuberculosis, Tokyo.

A medical officer from the TB Control Service, DOH is now attending the advance course at RIT.

1.3 Short-term experts from Japan

Dr. Masashi Suchi visited the Project in November 1995, February and June 1996 for one month in each visit. The purpose of the said visit is to assist in the implementation of the activities particularly in the baseline survey for preparation of expansion of the guidelines in the new ISA, evaluation of the project activities and training of the staff.

Ms. Akiko Fujiki visited the Project for three weeks in April 1996 to assist in the activities of the Reference Laboratory particularly in culture and quality control of smear examination at the local laboratories.

1.4 Supplies and Equipment

The equipment which are stated in Annex 1 will be allocated to the health facilities. Those equipment include not only the equipment procured from the budget of the 1995 to 1996 but also those procured from the previous budget. The number of microscopes listed in the paper is sufficient to cover the third ISA.

The equipment listed in Annex 2 are requested from 1996-1997 budget.

1.5 Concerns on the Progress Report

1.5.1 Continuation of the services of the MT of the Reference Laboratory

The concern on the continuation of the services of the contractual Med. Tech. was raised. It was explained by Dr. Sancho that a permanent services of this MT is needed to effectively carry out the existing activities of the laboratory. Two options were recommended by the body:

1. The MT will be hired in a contractual base as a consultant on bacteriology under the Urban Health and Nutrition Project (UHNP). This will be a temporary position until the Region can employ a permanent one. It is a requirement for the UHNP that this consultant should be assigned in the Region or in any of the three cities namely Cebu, Mandaue and Lapu-lapu. To facilitate this request, approval from the Regional director is needed. Confirmation with the Commission on Audit has to be made before forwarding the formal request to UHNP.

Dr. Bacus is certain that the Regional director will approve of this proposal. Dr. Ureta assured the body that UHNP will augment the need for manpower since it also supported the National Tuberculosis Control Program.

The inquiry on whether nomination of the consultant can be specified, Ms. Canoy promised to look into the matter.

2. Hire the Medical technologist as an Equipment technician, which is currently a vacant position in the Region. This is a permanent position and is intended for Cebu Chest Center. One constraint is the low salary grade. The applicant also has to pass the normal screening process. Feasibility of this option has to be checked with the Civil Service Commission.

It was clarified to the body that a permanent position of a Medical Technologist will be hired as soon as funds is available in the Region, hopefully by 1998.

1.5.2 Equipment distribution to the field.

A complaint from the field was received concerning the delay in the distribution of procured equipment. It was explained that this came about due to the inconsistencies noted on the prepared Memorandum of Agreement (MOA). Dr. Bacus suggested to prepare a standard MOA to expedite the release of these equipment. Dr. Endo added that the administrative committee of the Project can facilitate this concern.

II. Annual Work Plan (June 1996)

2.1 Training of the Staff in the Third ISA

Staff training of the New NTP guidelines of the third ISA will be continued with 4 batches of 3 days duration to doctors, PHNs & MT. Five batches of 2 day duration will be conducted to Rural Health Midwives. This will be on June 26 to July 18, 1996 and August 6 to 28, 1996 respectively.

2.2 Implementation of the new NTP guidelines in the third ISA

Implementation of the new NTP guidelines in the third ISA will start in September this year.

2.3 Visit of Japanese Technical Guidance Survey Team

A team consisting of expert from the Research Institute of TB and JICA Headquarters, Japan will visit the Project on June 17-25, 1996. The purpose of the visit is to observe the progress of the project, discuss with the project staff and counterparts and make recommendations for improvement of the program.

2.4 Visit of X-ray Technician

An X-ray technician will visit Cebu Chest Center on July 3-10, 1996 to assess the performance of the x-ray machine at the center.

2.5 Visit of a Medical Technologist

A medical technologist will visit the project to assist the Reference Laboratory in improving culture and quality control of the smear examination at the local laboratories.

2.6 National Seminar/Workshop

National Seminar/workshop will be participated by those interested in tuberculosis service, working outside of the government and government medical officers in the public health field will be held in the last week of October sponsored by DOH and JICA with the support from WHO.

2.7 Short-term expert on TB Control

Dr. Suchi will visit the Project middle of October this year to assist in the conduct of the National Seminar and in the implementation of project activities.

III. Issues and Concerns

3.1 Mechanism to sustain the NTP

For continuity of good TB programme implementation in Cebu area, Dr. Endo proposed that a core group be formed to assess and plan the overall program activities. One of its responsibilities includes analysis on the achievement of NTP through the quarterly reports and discuss the problems encountered.

Periodic report to the Regional director on the progress of the TB Program will be made by this group. As suggested by the body, the group shall compose of the Regional/Provincial TB Coordinators, City TB Coordinators of Mandaue and Cebu City with the JICA experts.

Dr. Mantala recommended that the nominated members of the core group will clarify the roles, responsibilities, and defined the management structure in general. A meeting is tentatively scheduled on July 1996.

Furthermore, Dr. Mantala exhorted the Regional Office to propose a plan for the smooth continuance of the NTP implementation should the Project end on August 1997. TBCS will certainly propose for an extension of the Technical Cooperation from JICA. The nature of Project extension is yet to be discussed by DOH and JICA experts.

3.2 Logistics on Anti-TB drugs

Dr. J. Fernandez, inquired regarding the shortage of type II of the anti-TB drugs. Dr. Mantala explained that the situation occurred due to the problems on the procurement procedure of the department. It is hopeful that DOH can now supply the adequate amount of TB drugs.

3.3 Administrative Committee of the Project

Administrative Committee was formulated consisting of Regional Director, Director III, Administrative Officer, Regional TB Coordinators and Chief Advisor and Coordinator of the Project. Meeting has been held monthly and contributed significantly to the smooth running of the Project.

3.4 Quarterly Project Report to JCC Members.

As recommended from the last JCCM, two quarterly reports has been provided to the JCC members. It is appreciated that this report gives sufficient information on the activities of the Project.

3.5 Cooperation with DOH-TBCS and WHO

DOH-TBCS in cooperation with WHO is planning to introduce the new NTP based

on the WHO policy package of tuberculosis control in the entire country in a stepwise approach. The training of the key workers at the National/Regional/Provincial level was conducted in Compostela Cebu in the later part of May. JICA staff participated as facilitator. Field visit to selected Project sites were arranged by the Project.

It was conveyed that the Project is glad to receive a key worker to study the practical aspects of NTP for one month, as planned by DOH-TBCS. The best time to send the visitor is on July this year.

3.6 Nationwide implementation of the new NTP guidelines. Dr. Mantala informed that it is projected that by the year 2000, 80 percent of the areas nationwide will be implementing the new guideline.

3.7 Schedule of next JCCM. The next JCC meeting is scheduled in November this year. Early arrangements will be made, so all the members can attend.

IV. Summary of discussions

4.1 Hiring of the Reference Lab. MT.

Two options will be sought, one is hiring the MT as a consultant under the UHNP. Approval from the Regional Director and confirmation with the Commission on Audit has to be made before making the request to UHNP. The second alternative is to employ her under the Equipment technician item until the Region has available funds to hire a MT position.

4.2 Equipment distribution. Regional Office will facilitate the immediate distribution of JICA donated equipment as soon as possible.

4.3 Formation of Project core group. Within a month, the nominated members of the core group shall come up with recommendation on the management structure, roles and responsibilities of those concerned and shall report this to the Regional director.

THE CHAIRPERSON:

DR. MARIQUITA MANTALA
Director III, TB Control Service
Department of Health,
Manila

ANNEX 1

DOH-JICA Public Health Development Project
List of Equipment Allocation

Qty.	Name of Equipment	Amount (PESO)
1 unit	Computer with: 1 Unit Printer 1 Unit UPS	47,600.00 17,200.00 14,795.00
1 Unit	Copier with: 1 Unit 20 Bin Sorter 1 Unit 2 Way Paper Feed Cabinet	38,000.00
12 Units	OHP	396,936.00
12 Units	Portable Screen	138,594.00
1 Unit	Slide Projector	21,000.00
12 Units	Loud Speaker	59,940.00
10 Units	Motorcycle with:	400,000.00
	10 Units Safety Helmet	9,500.00
	10 Units Carrier	12,000.00
	10 Units Muffler	16,460.00
3 Units	Printing Machine with:	638,783.10
	24 Rolls Master (8 Rolls Each)	59,448.00
	48 Tubes Ink (16 Tubes Each)	51,249.60
	3 Units Thermal Print Head (1 Unit Each)	60,000.00
	8 Units Color Drum	293,040.00
30 Units	Portable Sound System (5 Units From Old Stock)	72,300.00
16 Units	Microscopes	1,127,893.44

ANNEX 2

Equipment for Japanese Fiscal Year 1996 - '97

Item	Existing Stock	Needs	Request in '96	Balance
1. Microscope	16	22	10	+4
2. Fluorescent Microscope		2	2	
3. Teaching Microscope		1	1	
4. Laboratory Sink with Staining Accessories				
Sink				
Unit type sink		29	30	+1
Sink only		4	0	-4
Accessories				
Water Tank		58	60	+2
Staining Rod		114	120	+6
Slide Rack		175	180	+5
5. Motorcycle	10	16	6	
6. Multicab		1	1	
7. Vehicle		1	1	
8. Electronic White Board		2	2	
9. Coagulator		1	1	

⑤ 結核対策新指針の実施に係る提言（付：抄訳）

フィリピン国結核対策新指針の実施に係る提言（抄訳）

プロジェクト実施上の経験から、結核対策を地域に強化していく上で次のようなステップを踏むよう勧告した。

1．組織とスタッフの役割
- ・地域(Region)、州(Province)、郡（District）のコーディネーターの役割
- ・保健所(RHU) 及び保健所支所(BHS) 従事者の役割
- ・検査技師の役割

2．強化対策の導入の際のステップ
- (1) 地域の選定…州
- (2) 自治体首長のコミットメントを取る
- (3) 基礎調査
  - ・導入に必要な条件を明確にする…検査施設の整備、技師、要員の配置等
  - ・現状を把握する
- (4) 従事者の訓練
  - ・州、郡の結核コーディネーター
  - ・ＲＨＵの医師、検査技師、看護婦
  - ・ＢＨＳの助産婦
  - ・検査技師
- (5) 州、郡の結核コーディネーターとの導入に対する打合せ
- (6) 導入直後の現地指導
- (7) 四半期報告書作成の実務訓練

3．(1) 現地指導、監督
- ・チェックリストの作成
- ・モニタリング

(2) 喀痰検査の精度管理
- ・精度管理の意義と結果の利用

（詳細なマニュアルあり）

付録
- ・新指針の実施可能性の証明

（例）①助産婦の塗沫スライド作成の廃止…検査技師への移管（例外地域あり）
②有症状者からの患者発見率の向上
③治癒率の向上
④適切な記録による指導監督の能率の向上

- ・レフェレンス・ラボラトリーの役割

①精度管理
②訓練

Recommendations for Implementation of the New NTP Guidelines

The followings are our recommendations in order to implement the New NTP Guidelines effectively and efficiently in areas other than the DOH JICA Project Cebu based on the experiences gained by the Project during the period from June 1994 to the present.

1. Organization

1.1. Regional Tuberculosis Coordinators

There should be a team consisting of a medical officer, a public health nurse, a medical technologist and an administrator which acts as a field office of DOH TBCS to coordinate NTP services of the provinces in its jurisdiction.

The roles of a medical officer are;

1. Coordinate NTP policies and strategies with DOH TBCS.
2. Supervise and evaluate NTP activities by province and make recommendations for possible improvement of provincial tuberculosis services
3. Collaborate with the Provincial Coordinators in solving problems encountered in tuberculosis services in the field.
4. Assist training in the provinces
5. Coordinate the above mentioned activities with other member of the Regional Tuberculosis Coordinators.

The roles of the public health nurse are;

Exercises the same responsibilities as those of the medical officer as mentioned above particularly in case finding, treatment, recording and reporting and patients and community educations in coordination with the medical officer of the team.

The roles of the medical technologist are;

Exercises the same responsibilities as those of the medical officer as mentioned above particularly in case finding, quality control of microscopy for diagnosis and follow up examinations in coordination with the medical officer of the team.

The roles of the administrator are;

Be responsible for logistics of the tuberculosis services in the Region such as evaluating necessary drugs and other supplies , requesting from

DOH TBCS and distributing them to the provinces in coordination with the medical officer and other team members.

1.2. Provincial TB Coordinators

There should be a managerial team consisting of a medical officer, a public health nurse and a laboratory technician preferably exclusively working for the NTP.

The roles of the medical officer are;

1. Overall supervision of NTP implementation including technical and administrative aspects of the program as follows in their province.
   a. Participate together with District Nurse Coordinators in solving the problems encountered for implementation of the new NTP particularly at RHUs and BHSs
   b. Supervise the staff at RHU in clinical aspects of NTP such as classification of tuberculosis, prescription of regimen and monitoring of progress of the disease .
   c. Supervise the staff of RHU in compilation of quarterly report and analyse data in the report in order to asses the progress of the program
   d. Supervise logistics of the supplies required for the NTP
   e. Supervise and coordinate with other team members of the Provincial TB Coordinators and the Provincial Health Team

Note: Provincial Health Team consisting of Provincail DOH Representative to Local Health Board as team leader, all DOH Representative in the Province, mermbers of the Vertival Health Programs, DOH Personnel detailed or seconded in the province, working on emergency or temporary basis and Foreign assisted project and personnel in the province.

The roles of the public health nurse are;

1. Supervise taking history of the patients, sputum collection , health education of the patients and family members, and case holding particularly assisting in organizing DOTS if it is deemed feasible at RHU and BHS.
2. Supervise the staff at RHU in recording in and making report from the TB Registry and Laboratory Registry
3. Responsible for logistics of drugs and forms

4. Coordinate with other team members of the Provincial TB Coordinators

The roles of the medical technologist (or technician)

1. Supervise laboratory examination at the field laboratory attached to RHU
2. Conduct quality control of microscopy at the field laboratory mainly through slide check the result of which shall be used for training of the medical technologist at the field laboratory.
3. Responsible for logistics of laboratory supplies and forms
4. Coordinate with the other team members of the Provincial TB Coordinators

One administrator may be required for efficient logistic of supplies for NTP.

The supervision by the provincial coordinators should be coordinated with the district nurse coordinators.

1.3. District Nurse Coordinators

The number of RHUs and HCs which provide tuberculosis services is so numerous that a provincial team alone without intermediate supervisor will have difficulty in supervising them particularly solving the problems encountered day to day in field activities. For the effective management of the NTP, therefore, there is a need to post District Nurse Coordinators with following functions.

a. Assist the provincial coordinators in supervising the NTP activities at RHUs and BHSs such as history taking, sputum collection, patient and family education, case holding (follow up of treatment), recording and reporting.
b. Assist MHO in classification of patients by referring to the NTP manual.
c. Refer the problems encountered at RHUs and BHSs which can not be solved locally to the provincial coordinators

1.4. Responsibilities of the field workers for the NTP activities

a. Identification of TB symptomatics ---- Midwives, Nurses and MO at BHS and RHU
b. Sputum collection ---- Midwives at BHS and RHU

Note; The a and b activities may be done by any workers at RHU, including trained volunteers. For sputum collection volunteers should be trained with utmost care because collection of good quality of sputum specimen is crucial for accurate microscopy.

c. Recording of TB symptomatics to the TB Symptomatic Master List and Laboratory Request form---- Midwives at BHS and RHU

d. Transport of sputum specimens to Lab----Midwives at RHU and BHS Volunteers may be utilized for this activity

e. Sputum Examination including smearing, staining , reading, recording the results in the Laboratory Registry, reporting the results back to the RHU concerned

f. Training of Midwives in sputum collection and in smearing if the Midwives have to smear ----MT

Note; In the new NTP guidelines the responsibility of smearing is now transferred from Midwives to MT and this practice has been carried out in most of the ISAs of the Project without major difficulty. Therefore the field workers should be encouraged to adhere to this practice. However, there may be certain places such as island and mountain areas from where transport of sputum specimens to the laboratory is difficult. In this case Midwives should make smears and send the smears to the laboratory, provided the midwives are well trained and supervised by the MT at the RHU concerned and/or of the Provincial Coordinator. The BHS where Midwives may be allowed to make smear should be identified by the Provincial Coordinators in consultation with the DNC.

g. Assessment of patients----MO at RHU

h. Classification and Typing of TB patients and Prescribing the Regimens ----MO with assistance of the Nurse in charge of tuberculosis services.

i. Patient's education ----Nurse, Midwives and MO at RHU and BHS depending on the subjects. For example the nature of the disease by MO and the necessity of regular and complete treatment by Nurses and Midwives.

j. Organizing BHWs for DOTS-----RHMs with assistance of the Nurse at RHU

k. Recording and updating of the TB Registry -----The Nurse in charge of Tuberculosis Services at RHU who should check the TB Registry every other day to update the record and follow up the patients for necessary action with assistance of the other Nurse and Midwives. One

TB Registry should be placed at one treatment unit such as RHU

l. Making Quarterly Report

Laboratory Report------MT

Report on Cases Registered and Retrospective Cohort----The Nurse in charge of tuberculosis services at the RHU

m. Supervision of the services provided by BHWs----RHM at BHS and Nurse at RHU

n. Logistics of the supplies such as drugs, forms required for the services at the RHU. ----Nurse at RHU

o. Logistics of the slides and reagent----MT

2. Steps to be taken for introduction of the new NTP guidelines

2.1. Selection of the site for introduction of the new NTP guidelines.

The new NTP guidelines or a project which intends improvement of NTP should be introduced province wise.

2.2. Meeting with chief executives of LGUs to obtain their cooperation .

Since the social services including the health services have been devolved to the LGUs, it is most important to obtain understanding and commitment of the executives of the LGUs involved in the NTP. The Provincial Coordinators together with the DOH staff should meet the executives of the LGUs concerned either collectively and / or individually to brief the policy and strategy of the NTP particularly on the new guidelines including the necessity of change . On this occasion employment t of a MT should be discussed.

2.3. Baseline Survey for preparation of the implementation of the new NTP guidelines.

For preparation of implementation, the facilities and manpower of RHUs and BHSs should be surveyed. Among them availability of a MT and a functional microscope is crucial for the effective implementation of the NTP.

If a functional microscope is not available at RHU, it should be provided.

If no MT is available at RHU, The LGU should be requested to employ a MT.

Since the most RHUs examine less than 2 TB symptomatics with microscopy a day, 2 RHUs can share one MT.

2.4 Training of the workers for NTP.

Since training of the field workers who actually deliver the services is crucial for

the effective implementation of the new NTP, considerable amount of effort should be spent for this activity.

Training should be job oriented and specific curriculum for each level of the workers should be provided. The curriculum should include not only lectures but also exercises and role play for better application of the knowledge into practice. The number of trainees for one group should be limited to around 30 for effective conduct of training.

The curricula for the workers at the three levels are suggested based on the project experiences as follows.

a. The intermediate supervisors such as Medical Officers and Nurse Coordinators at district level. In case the Provincial Coordinators have not been trained, they may be included in this training.

Duration 5 days

Facilitators----Staff of DOH TBCS and Staff involved in the DOH-JICA Project Cebu

Curriculum

Rationale for the new NTP guidelines

WHO Tuberculosis Control Policy Package

Recommendations made by WHO Evaluation Team

Principle of the new NTP guidelines

Case Finding and Diagnosis

Chemotherapy

Recording, Reporting and Monitoring

Sequential Procedure of the services to be provided to the TB

Symptomatics

Evaluation-- Counting of figure in the NTP Record, Calculation and Analysis of the data

Health Education and Patients' Education

Supervision of Field Activities

All subjects above mentioned have lecture , discussion and exercises including role play.

Field Visit

b. The workers at RHU, MOs Nurses and MTs

Duration 3 days

The curriculum is almost the same as above-mentioned except field visit. Emphasis is placed on the services to be provided at RHU.

c. The midwives at RHU and BHS

Duration 2--3 days

The curriculum is almost the same as mentioned above. Emphasis is placed on the services to be provided at BHS such as identification of TB symptomatics, sputum collection and case holding such as regular treatment and defaulter action, organization of BHWs for DOTS.

Note; Those who underwent the training program a should be the facilitators for the program b and c.

d. Microscopist at Field Laboratory

In addition to the NTP procedure , the microscopists at the laboratory attached to RHU should be provided with refresher training in technique of microscopy.

Duration 5 days

2.5. Meeting of the Provincial Coordinators and District Nurse Coordinators

The meeting of the above mentioned staff should be held to ensure that the preparation for implementation is ready such as necessary supplies including drugs , forms and laboratory supplies. and assignment of the workers concerned for the responsibility of the TB services.

2.6 Supervision immediately after introduction of the new NTP

The Provincial Coordinators together with DNCs should visit RHUs within one month after the implemntation starts to make sure the activities rendering the services are being carried out according to what have been learnt at the training. The problems frequently observed at the RHU at the beginning of implementation are classification, typing of the disease, selection of the appropriate regimens, recording etc.

Supervision of the activities at BHSs may be done in such way that RHMs are requested to assemble at the RHU carrying their treatment cards and TB symptomatic list.

2.7 Making Quarterly Report

The quarterly report on the NTP provides information for monitoring the program such as number of new cases registered during the period, regimens prescribed , cohort analysis of the treatment performance. The data will be used for evaluation the effectiveness and efficiency of case finding and treatment services and for securing logistics of drugs and supplies. For accurate counting the numbers from the NTP records, it is advised to use counting sheets a copy hereto attached. It is further advised to hold the collective session that the Nurses in charge of TB services and MT at RHU be assembled at one place and count the figures using the counting sheets to make the report with the guidance of the Provincial Coordinators and DNCs. This meeting should be held at least for the first quarter of the implementation.

3,

3.1 Supervision

The Provincial Coordinators (both a medical officer and a nurse) together with DNC concerned visit RHUs in their jurisdiction periodically to make sure they are performing the activities according to the manual. During the early stage of implementation, the use of a check list will help the supervision so that any necessary point will be missed.

In addition to the checking correctness of the activities small scale operational researches on the spot may be required as follows.

a rate no. symptomatics three sputum specimens collected / no. symptomatics

b. rate no. sputum negative at the end of the 2nd month of treatment /no. sputum positive patient who started 2 month ago

Doing these some problems may be identified, discussed with the workers concerned and solved on the spot

During the visit the medical officer of Provincial Coordinators may be occupied with clinical problems brought up by the workers at the RHU and / or the DNC. Therefore the Provincial Coordinator will be the one to collect the figure from the records.

3.2 Quality control of field microscopy

The main diagnostic tool is sputum microscopy. Therefore the success of the new NTP depends largely on the accuracy of microscopy. To ensure quality of

microscopy, training of microscopist and regular quality control are of utmost importance.

In the current practice the provincial validators validate the field reading of all positive slides and 20% negative slides and correct the field diagnosis. However after starting of treatment of the positive patient and informing the symptomatics negative results, it seems difficult to change diagnosis. This might be the one of the reasons for 100 % agreement always shown in the report which may not be true. Quality control in principle is not meant to be used for correction of the individual diagnosis but to be used for improvement of the production procedure. Therefore the results should be used for correction or improvement of the microscopy technique individually and collectively and to identify problems in the field microscopy. For this reason, if the manpower for quality control is limited, the number of slides to be checked may be reduced according to the worklord from the current practice which are all positive slide and 20 % of negative slide and the effort should be placed more on supervision and training of microscopist.

ANNEX

The Observations based on which the above recommendations were made

1. Case finding

The major changes in case finding policy are ;

a. active case finding to passive case finding
b. improve quality of microscopy

Those in procedures are

a. collections of sputum of good quality-----training of midwives
b. collection of 3 specimens, spot, morning and spot
c. smearing by MT

The performance of 3 specimen collection seems feasible. The quarterly report of the 4th quarter which is the 1st quarter of the implementation in the 6 districts of the first Intensive Service Area of the Project shows the following results.

a. The average rate (no. diagnostic examinations with 3 specimens collected / no. total diagnostic examinations) is 78.8 % ranging from 46.7 to 100.0. The RHUs with low performance could improve a certain extent by motivating the workers.

b. The positive rate (no. sputum positive cases / no. symptomatics sputum examined) is 12.9 % in average ranging from 3.4 % to 37.5 %. Comparing the positive rate 3.6 % in 1993 before the introduction of the new NTP guidelines, the performances has been much improved. The RHUs with low performance should be retrained.

c. The number of the doubtful and finally negative , which is 1 positive in the first three examinations and all negative in the following three examinations is only one among 1,119 examinations, the ratio is 0.01 % which seems negligible.

The b and c observations suggest that the sputum microscopy in the new guidelines has been improved significantly.

The additional effort in supervision with on the job training will improve the quality of sputum microscopy to satisfactory level.

The staff at the RHUs in the 6 districts pointed out that there hase been no difficulty in transport of sputum specimens from the BHS to the RHU except the island and mountain areas. Refer to 1.4.f. Note.

2. Treatment

Treatment result was obtained only from the performance in the Mandaue and Delaguete as follows.

The cure rate (no. sputum positive cases converted negative at the 2 examinations at the end of treatment / no. sputum positive new cases registered June to December 1994) is 81.3%in Mandaue and 72.7% in Dalaguete. It was observed in Dalaguete that 3 patients, 13.6 % of sputum positive cases during the same period were classified as lost but in fact refused continuation of treatment because of side effect. This shows the importance of the management of adverse reaction.

3. Reference Laboratory

Reference Laboratory of the Project has been played an important role in conduct training of microscopists including those from the Region other than the Region 7 and quality control of microscopy. The function of the RL will be extended to culture also for quality control and sensitivity test in order to determine primary or initial resistance for evaluation of treatment services. It is necessary to establish nation wide net work of reference laboratory service so that provincial laboratory coordinators at any point of the country can access to the service.