Joint Statement of the National Center for HIV/AIDS, Dermatology and STDs (NCHADS) And the National Center for Tuberculosis and Leprosy Control (CENAT) On the implementation of intensified TB case finding, isoniazid preventive therapy and infection control in HIV continuum of care settings (Three I's Strategy)

To reduce the morbidity and mortality among TB patients and people living with HIV (PLHIV) the Ministry of Health approved the setting-up of the TB-HIV Technical Working Group in 2000, and the establishment of the TB-HIV Coordination Committee in 2005. The two National Centers, NCHADS and CENAT, in collaboration with concerned development partners, translated and developed the HIV-TB Manual in 2001 and the Framework for TB-HIV in Cambodia in 2003, which is being currently revised.

The two National Centers also agreed on their respective roles and responsibilities in the implementation of the Framework for TB-HIV in Cambodia as stipulated in the Joint Statement dated 1 March 2005, and developed the Standard Operating Procedures (SOP) for TB-HIV diagnostic testing to ensure timely care and treatment, which was approved by the Ministry of Health on 5 January 2006.

To minimize the mortality and morbidity due to tuberculosis among PLHIV (with the aim of eliminating TB-HIV co-infection by 2020), the Ministry of Health approved the SOP for Implementing the Three I’s Strategy in Continuum of Care (CoC) Settings on 23 April 2010.

To foster the implementation of these SOP for Implementing the Three I’s, the two National Centers agreed on the following responsibilities:

1. **The National Centre for Tuberculosis and Leprosy Control (CENAT)** is responsible for:

   - Performing the diagnostic workup of PLHIV referred from OI/ART and Pediatric AIDS Care Services at TB Wards of Referral Hospitals;
   - Providing isoniazid (INH) 100mg and Vitamin B6 25mg based on requests from OI/ART and Pediatric AIDS Care Services and NCHADS;
   - Providing infection control commodities, particularly surgical and N95 masks
   - Ensuring yearly systematic TB screening, including Chest X-Ray, among health care staff working at HIV CoC settings, particularly OI/ART staff (such as physicians, counselors, PLHIV volunteers);
   - If possible, performing tuberculosis skin test (TST) for PLHIV before starting INH Preventive Therapy (IPT)
Collaborating in training of concerned health care workers in Three I’s strategy.

2. The National Center for HIV/AIDS, Dermatology and STDs (NCHADS) is responsible for:

- Assisting with the performance of TB symptom screening among PLHIV;
- Referring suspected TB cases to TB service for further diagnostic workup;
- Providing technical assistance (in planning and orientation workshops) and necessary materials to OI/ART services for smooth and high quality implementation of intensified TB case finding (ICF) and Isoniazid Preventive Therapy (IPT) and TB Infection Control, as well as monitoring and evaluation of these services;
- Disseminating quarterly achievement reports to all concerned partners, especially through NCHADS’ and CENAT’s websites.

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CC:
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- Office of the Minister of Health
- Office of the Director -General for Health
- Department of Communicable Disease Control
- Department of Hospitals
- All concerned Municipal and Provincial Health Departments
- All concerned Municipal and Provincial AIDS Offices
- All concerned Operational District Offices
- All concerned referral hospitals
- All concerned health centers
- World Health Organization (WHO)
- UNICEF
- UNFPA
- UNAIDS
- Family Health International (FHI)
- Clinton Health Access Initiative (CHAI)
- KHANA
- US CDC/GAP
- USAID

For implementation:
- OI/ART Team Leaders (Adult and Pediatric)
- Chief of all concerned health centers
- Chief of all concerned maternity wards

Archives