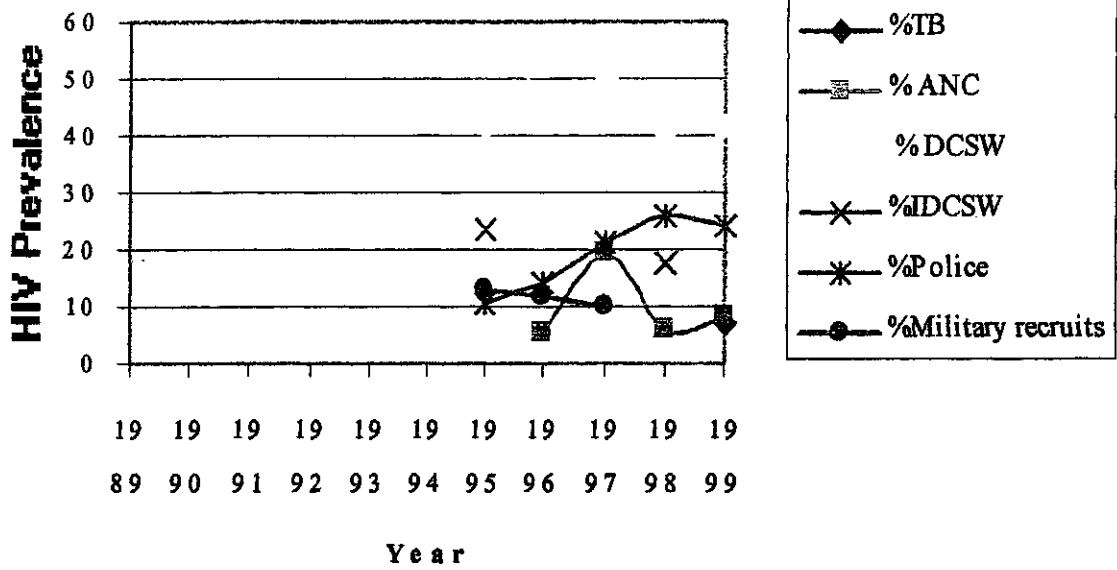
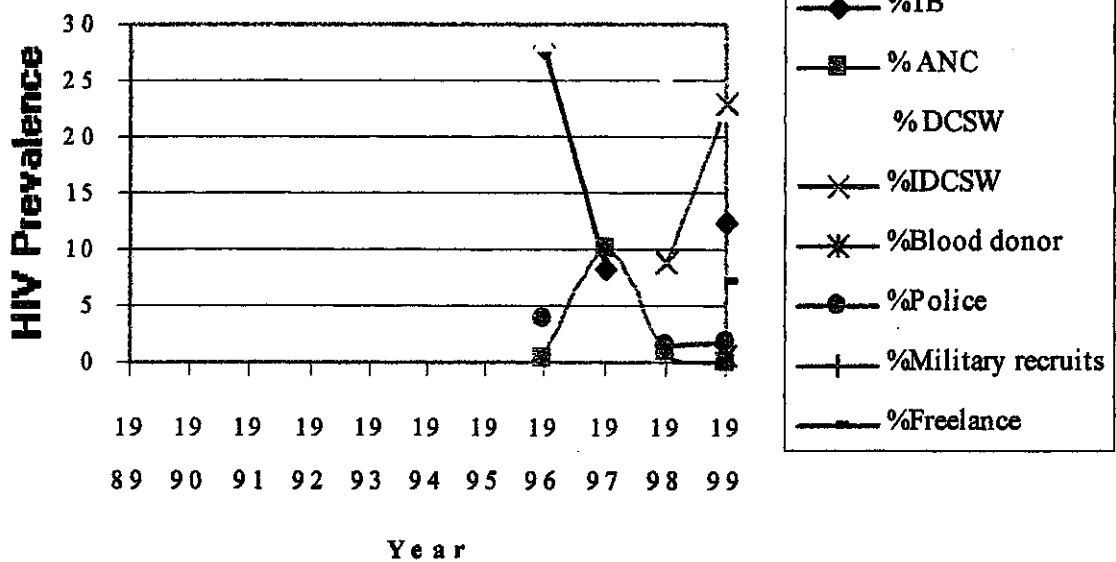


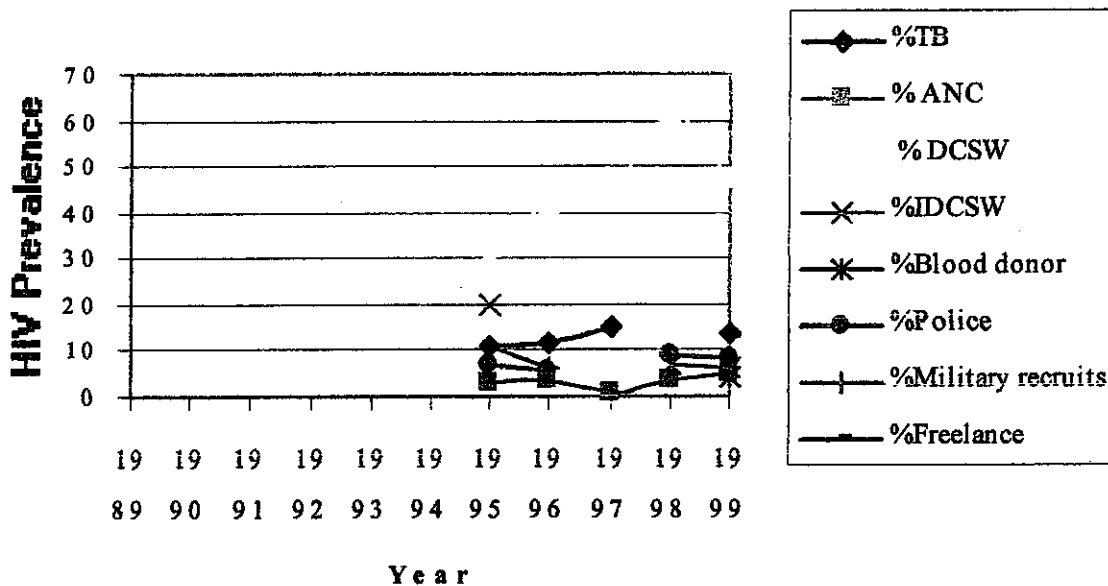
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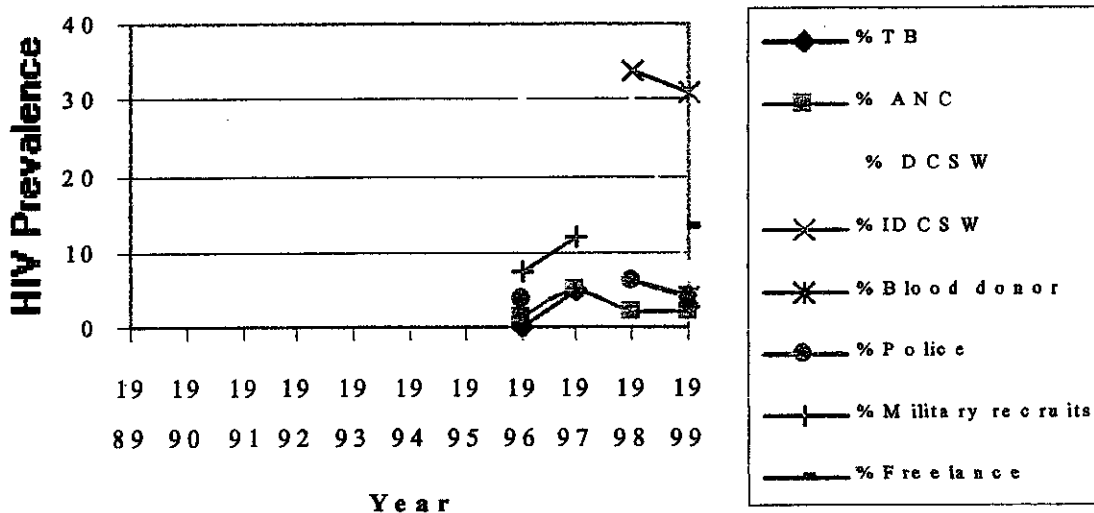
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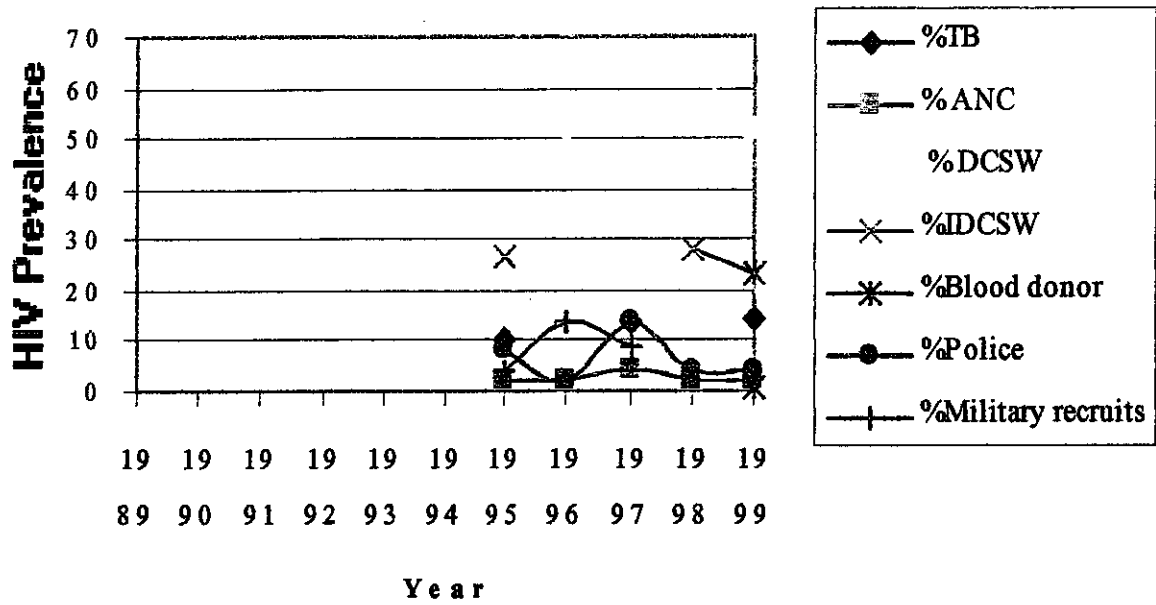
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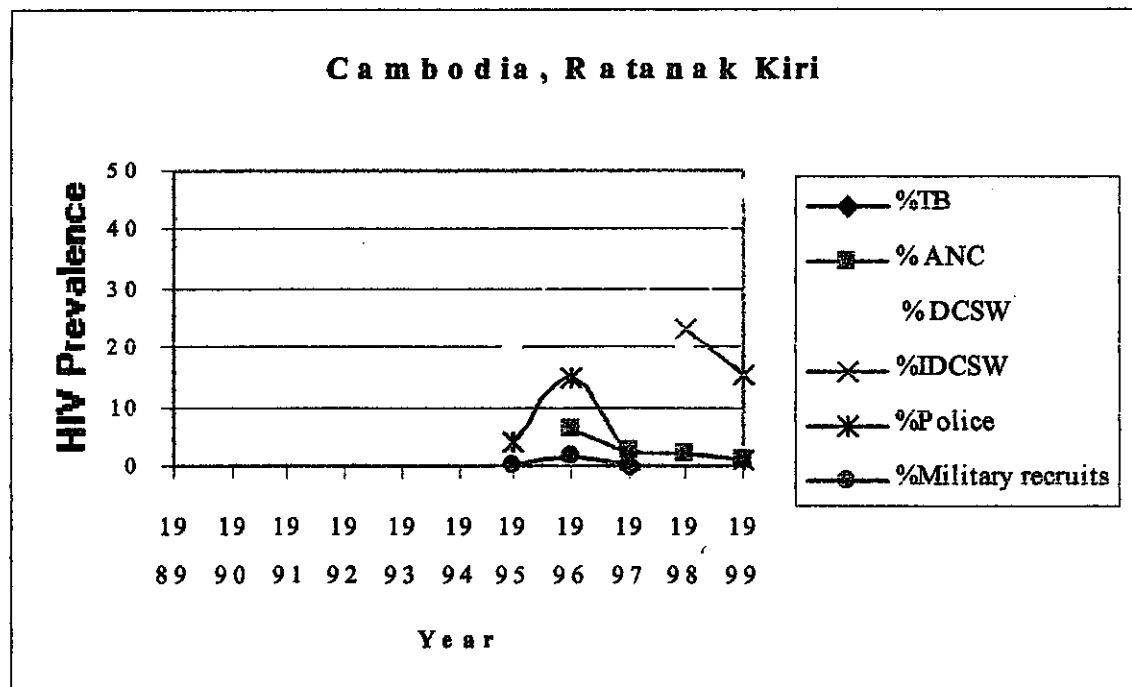
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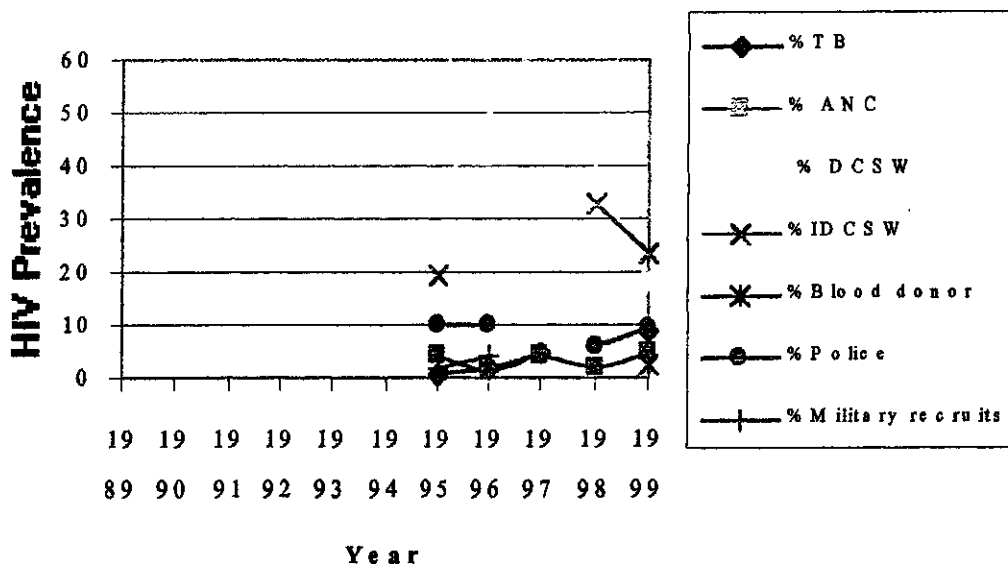
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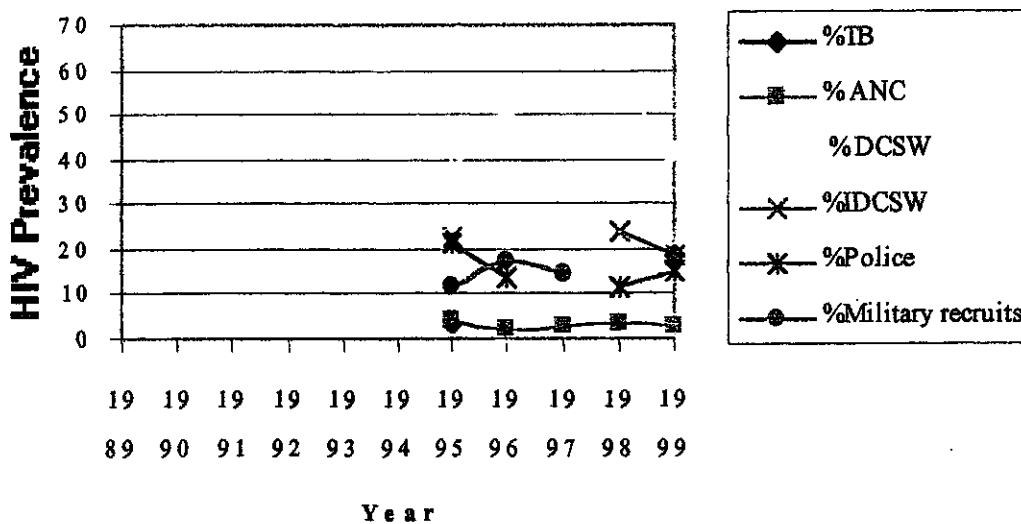
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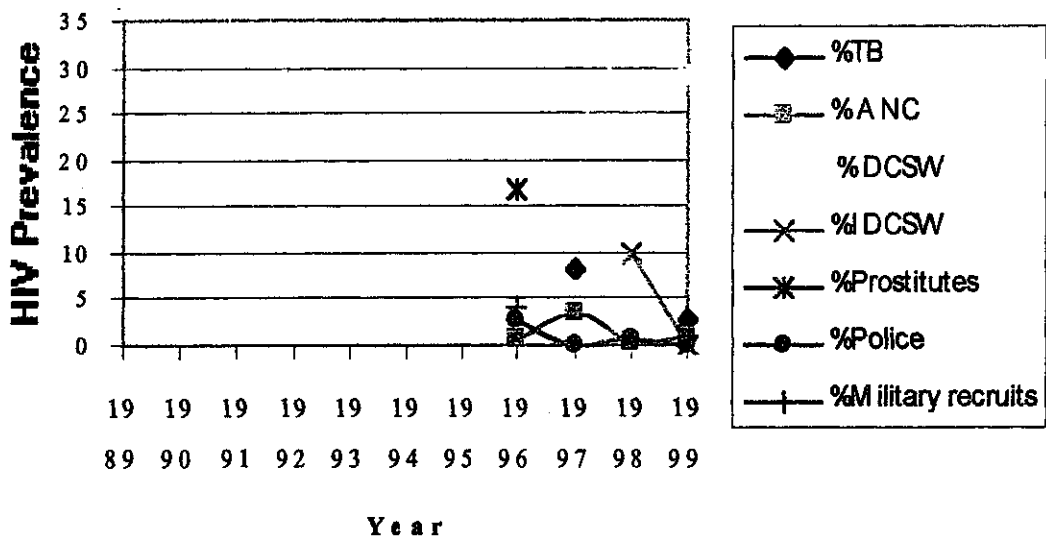
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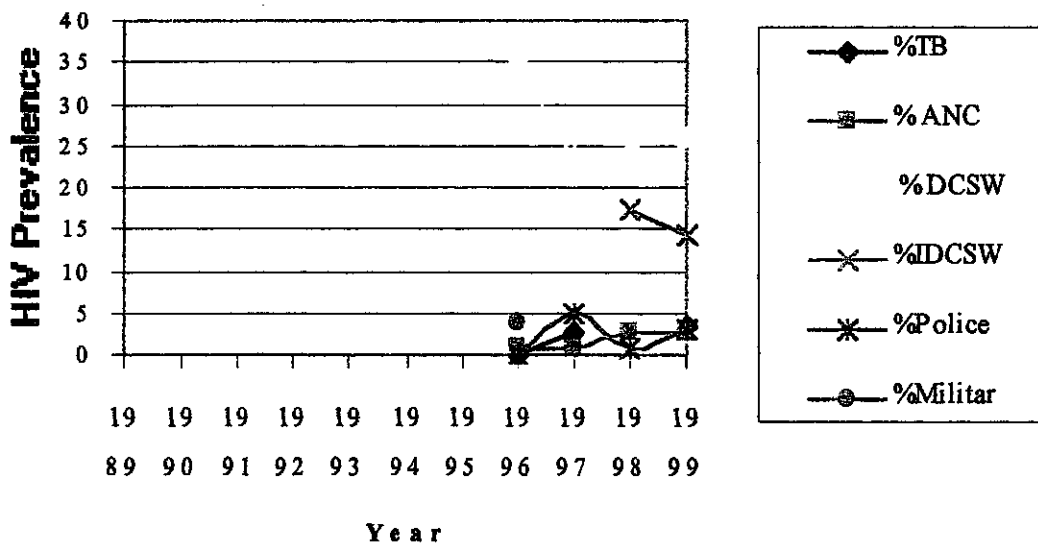
### Cambodia, Sihanouk Ville



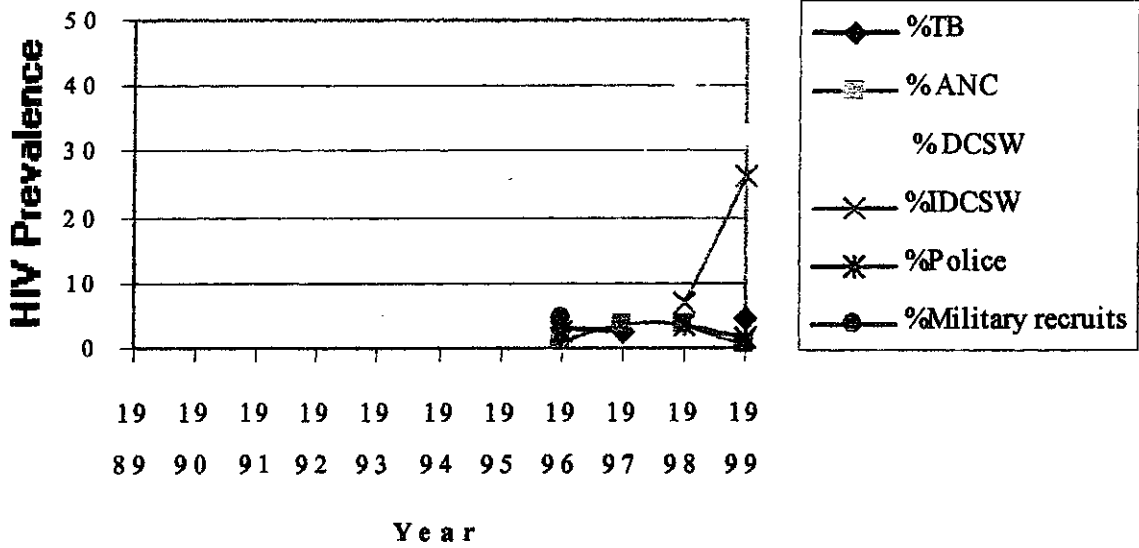
### Cambodia, Stung Treng

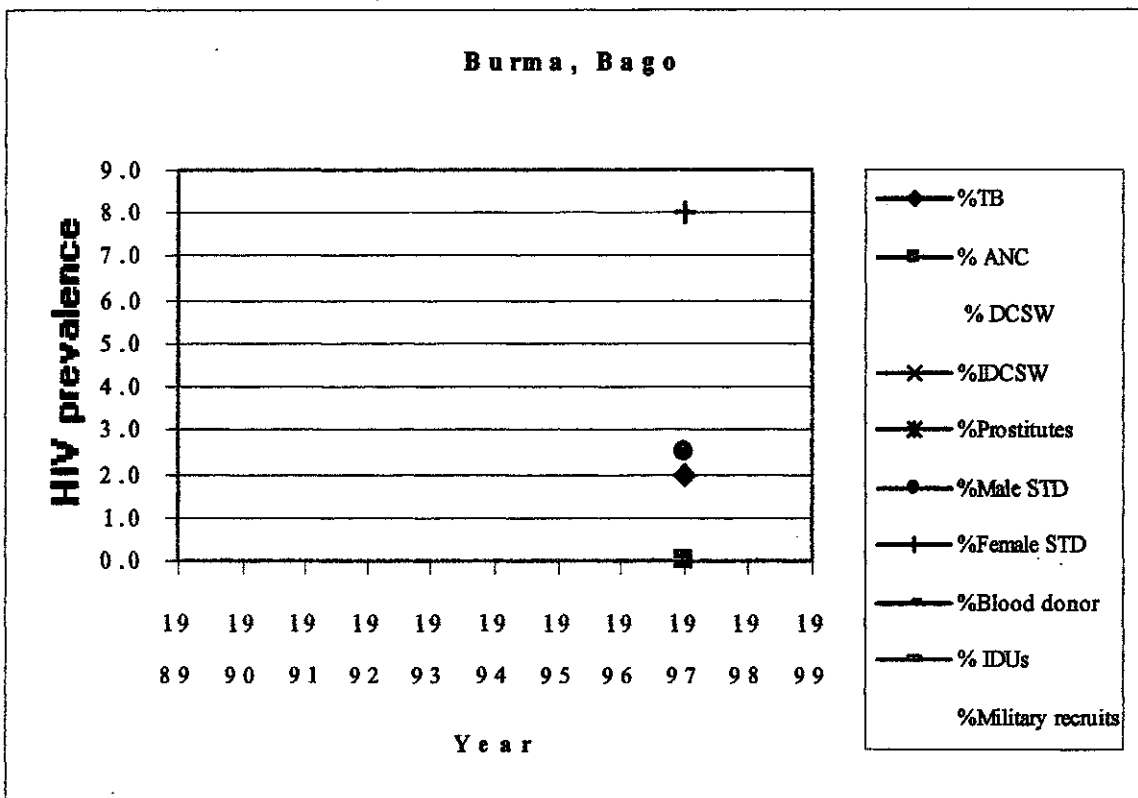
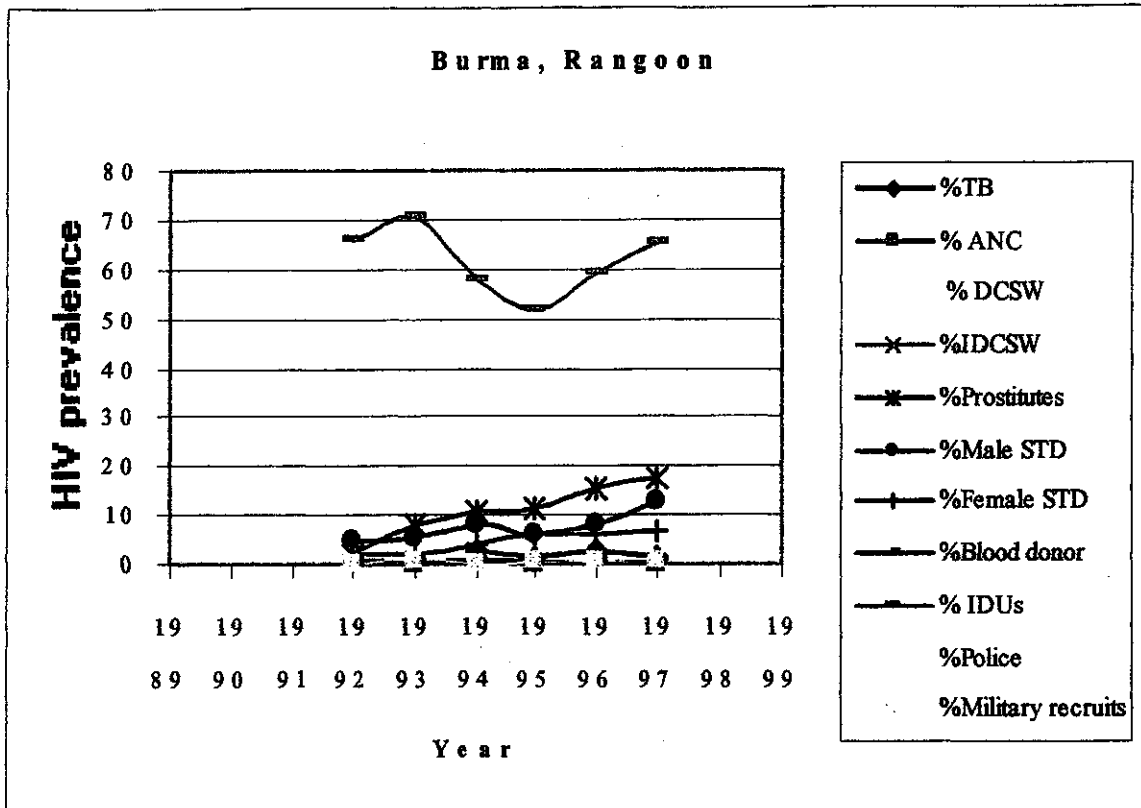


### Cambodia, Svay Rieng

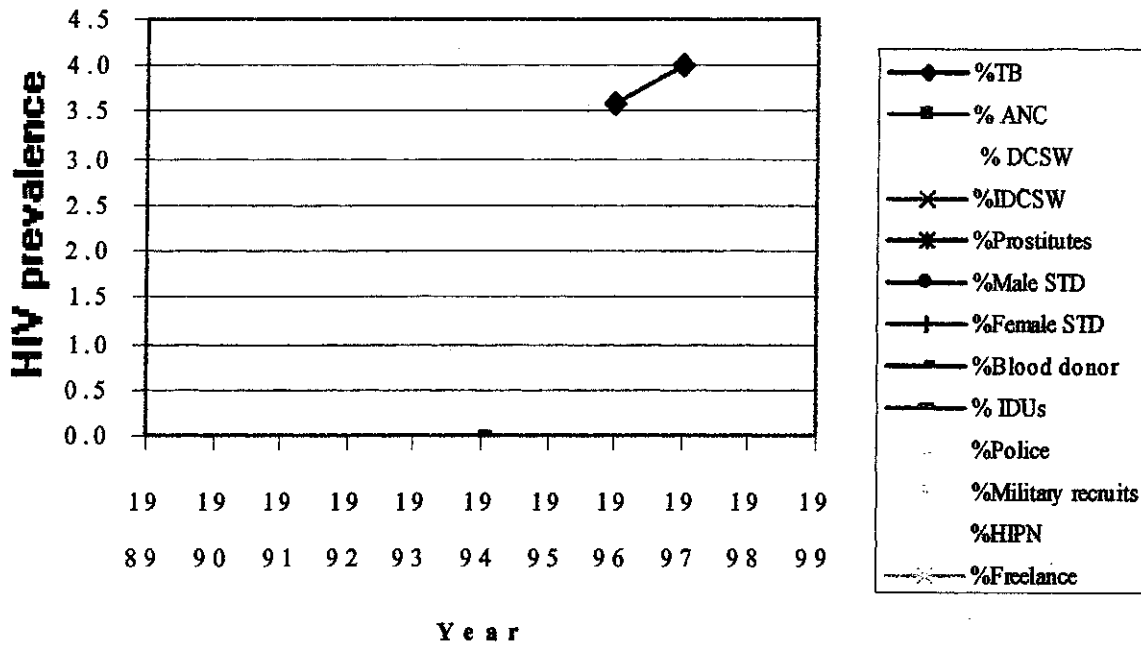


Cambodia, Takeo

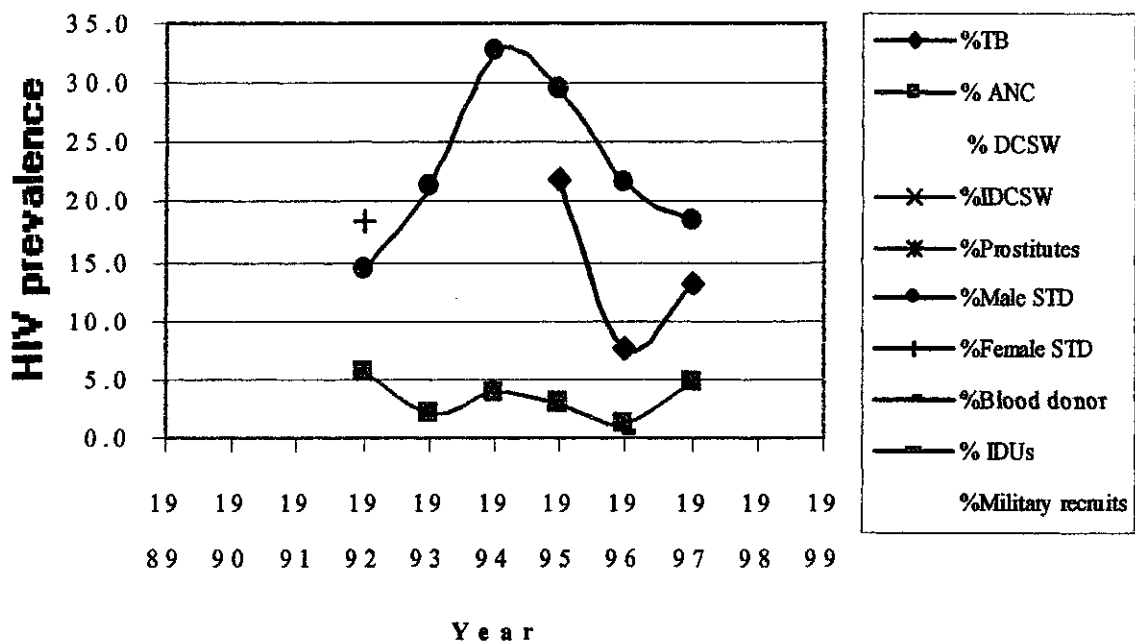




Burma, Kalay

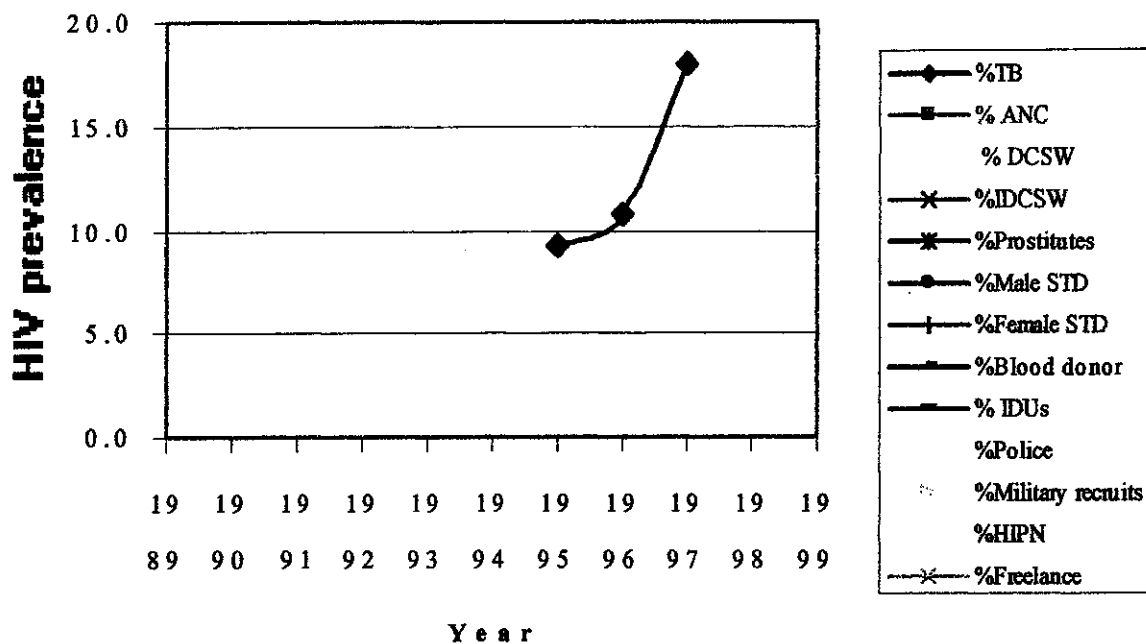


Burma, Kawthaung

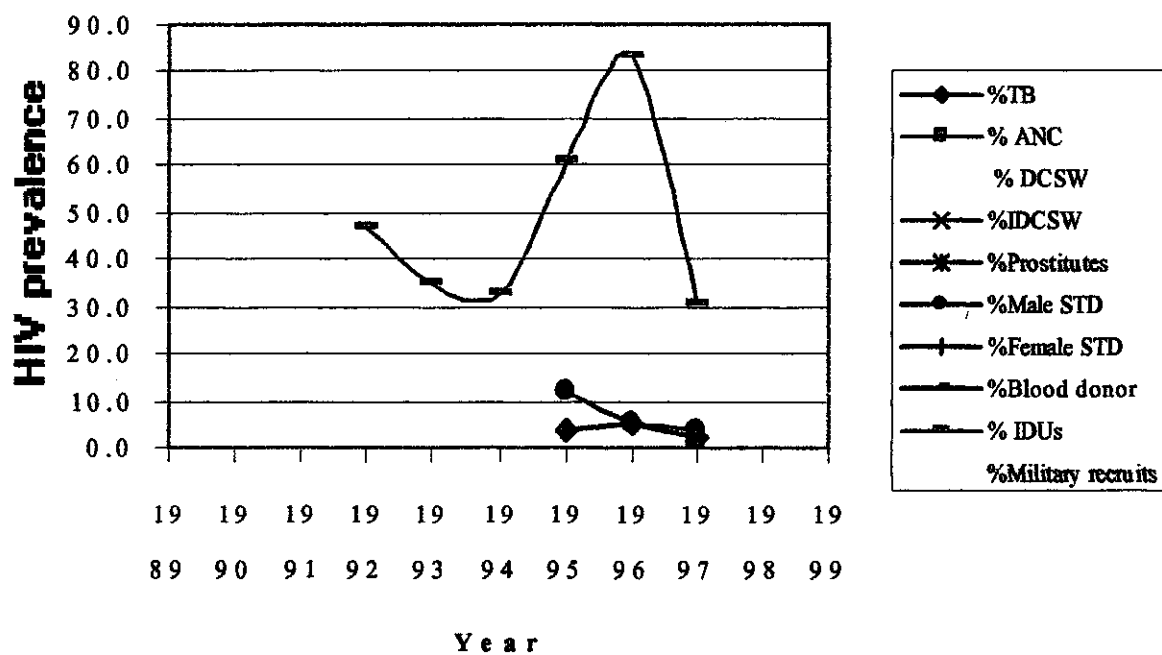


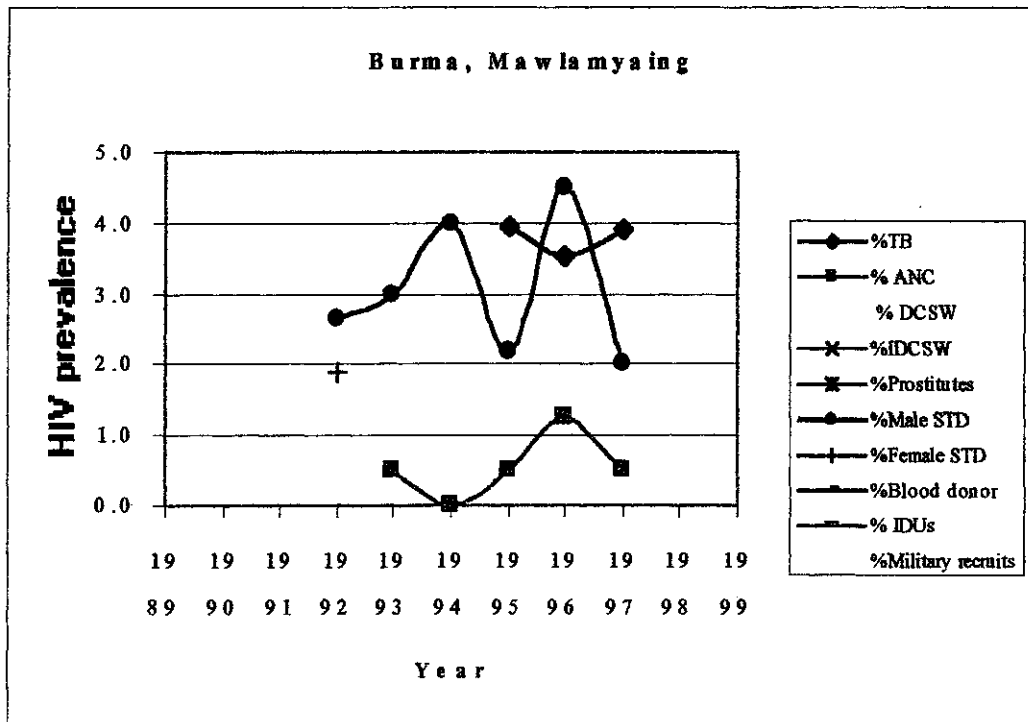
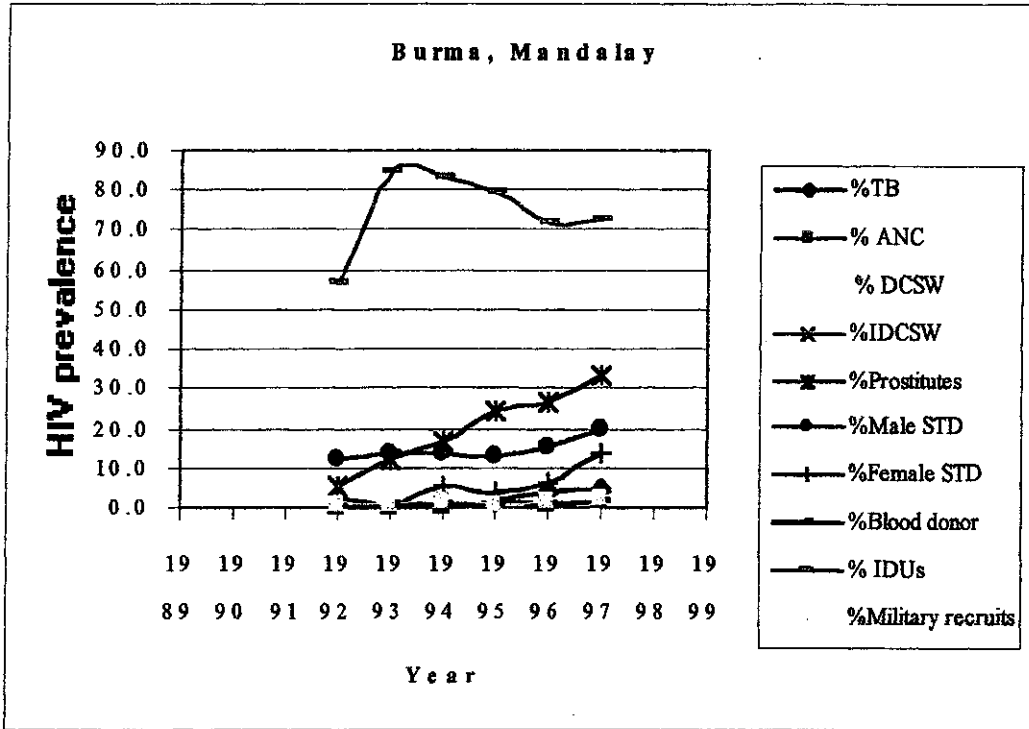


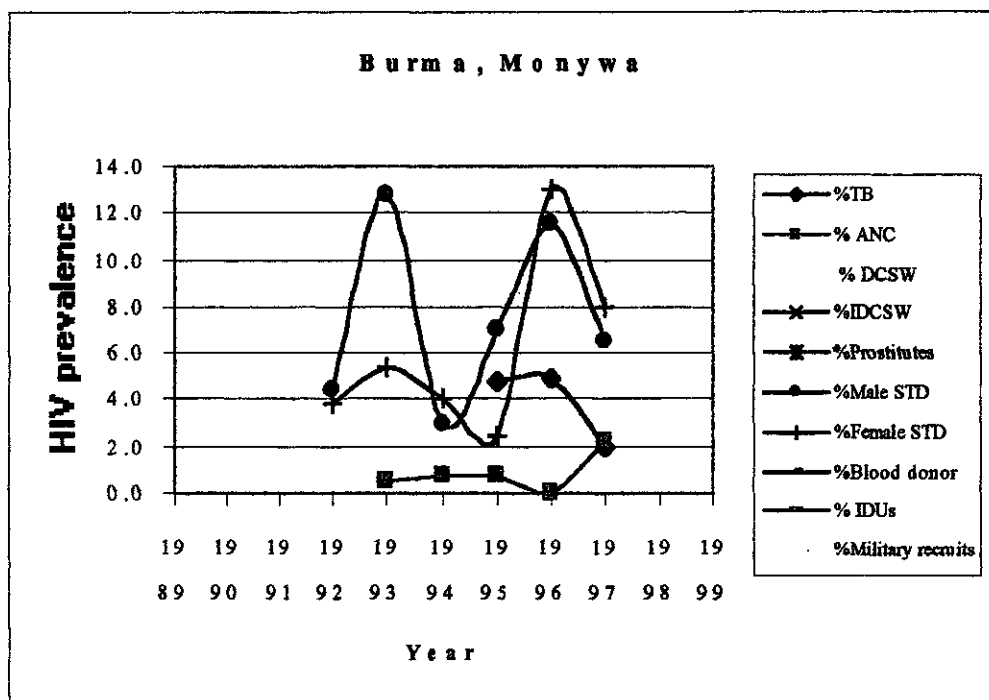
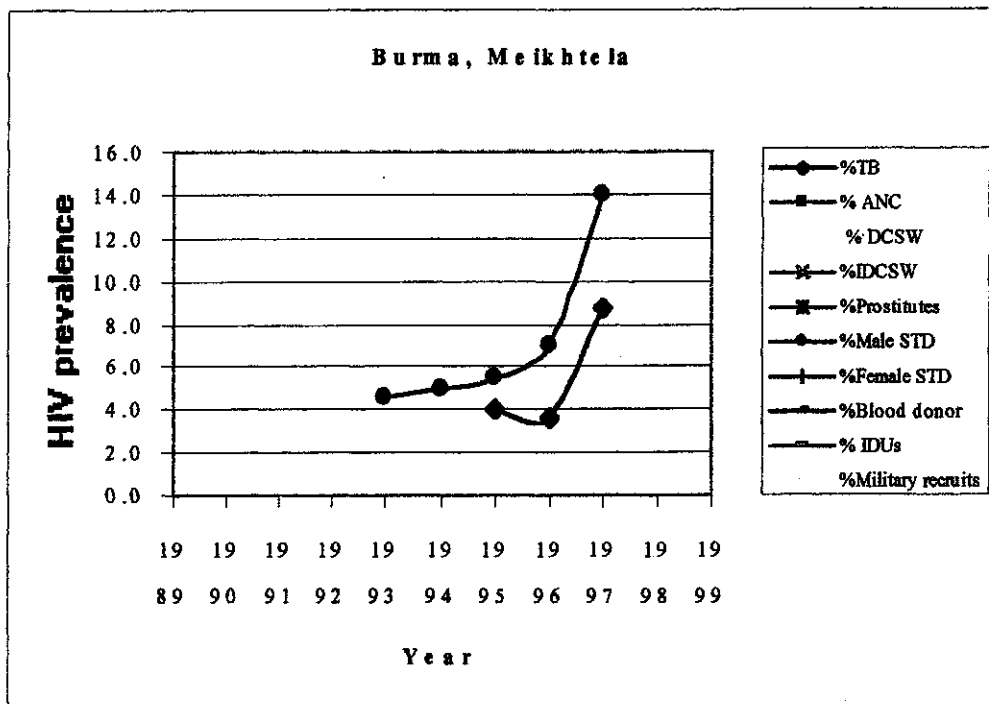
Burma, Kyaington

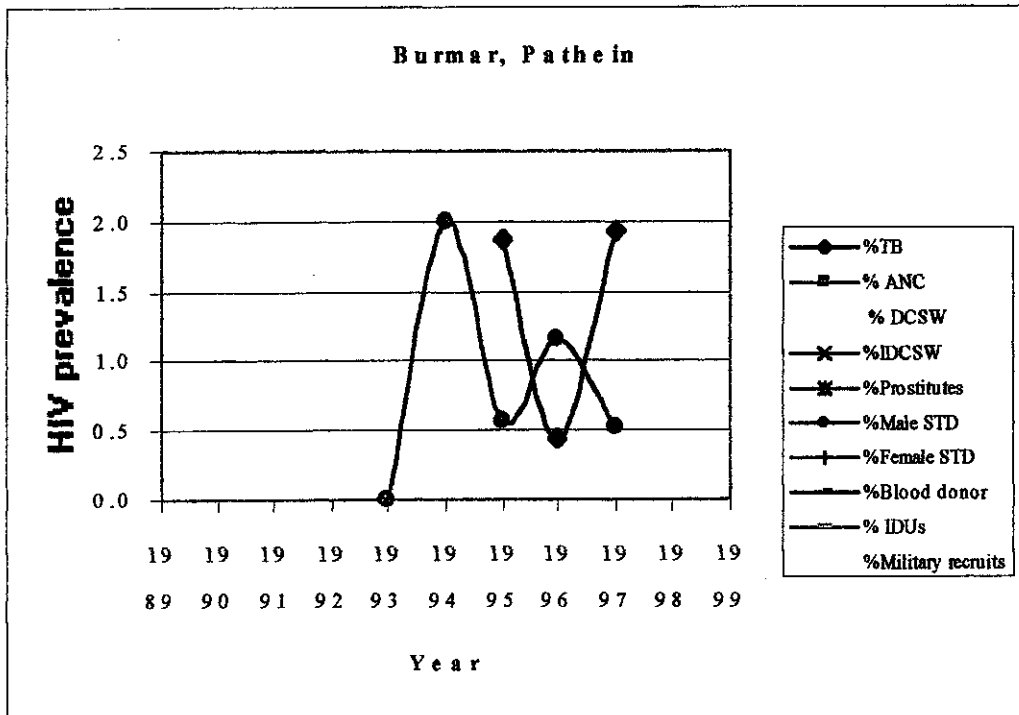
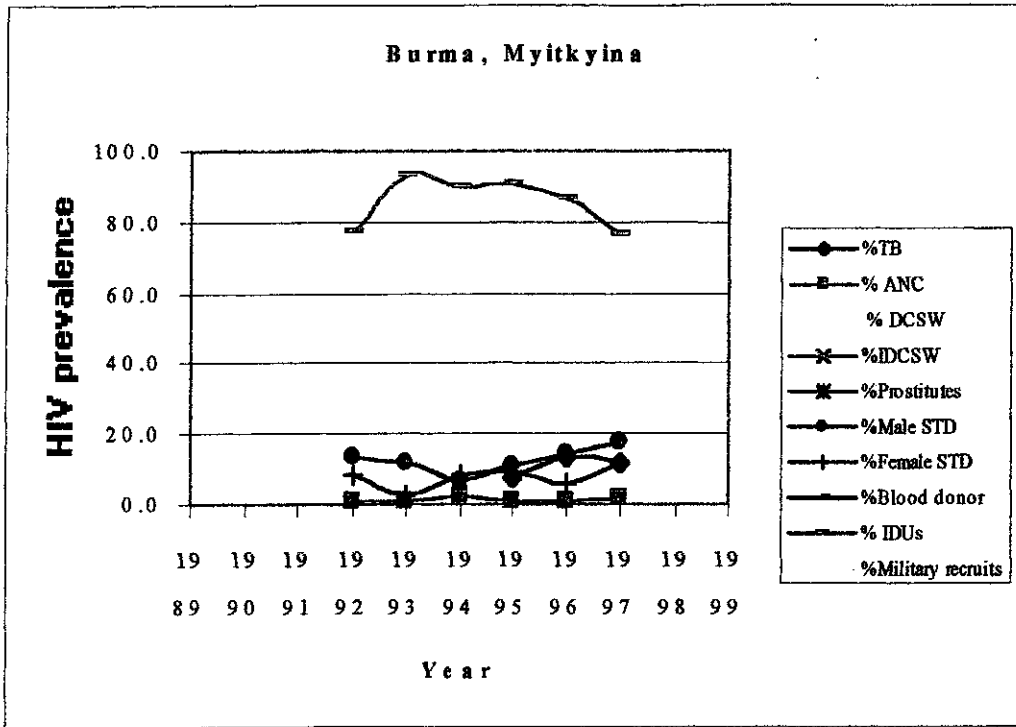


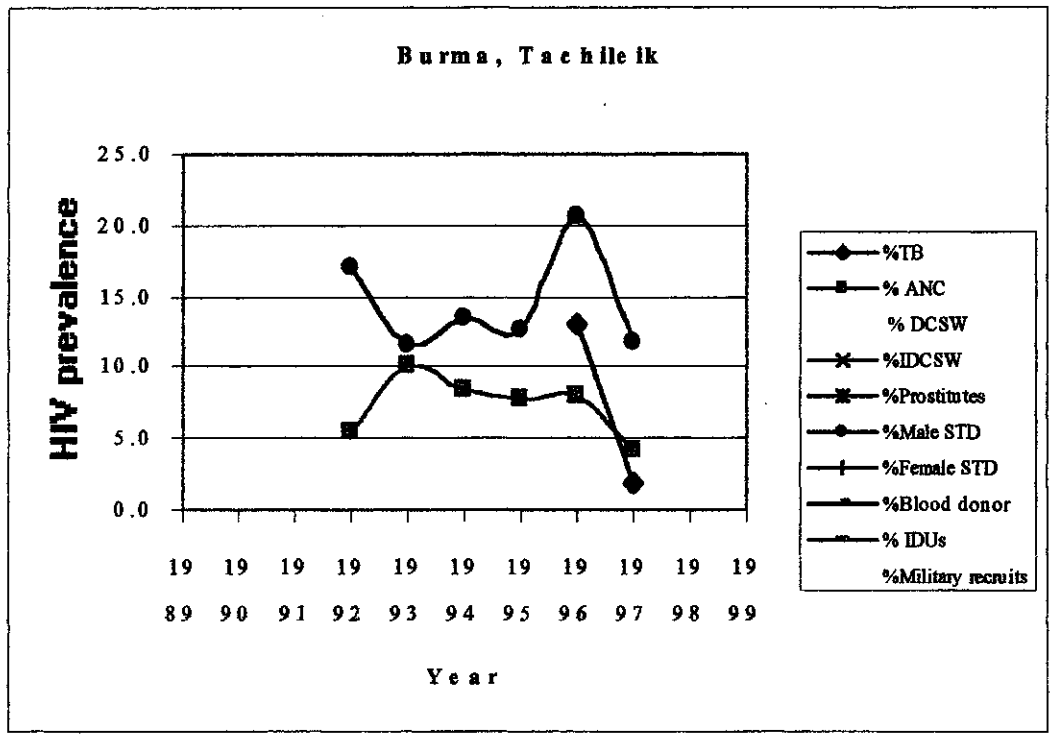
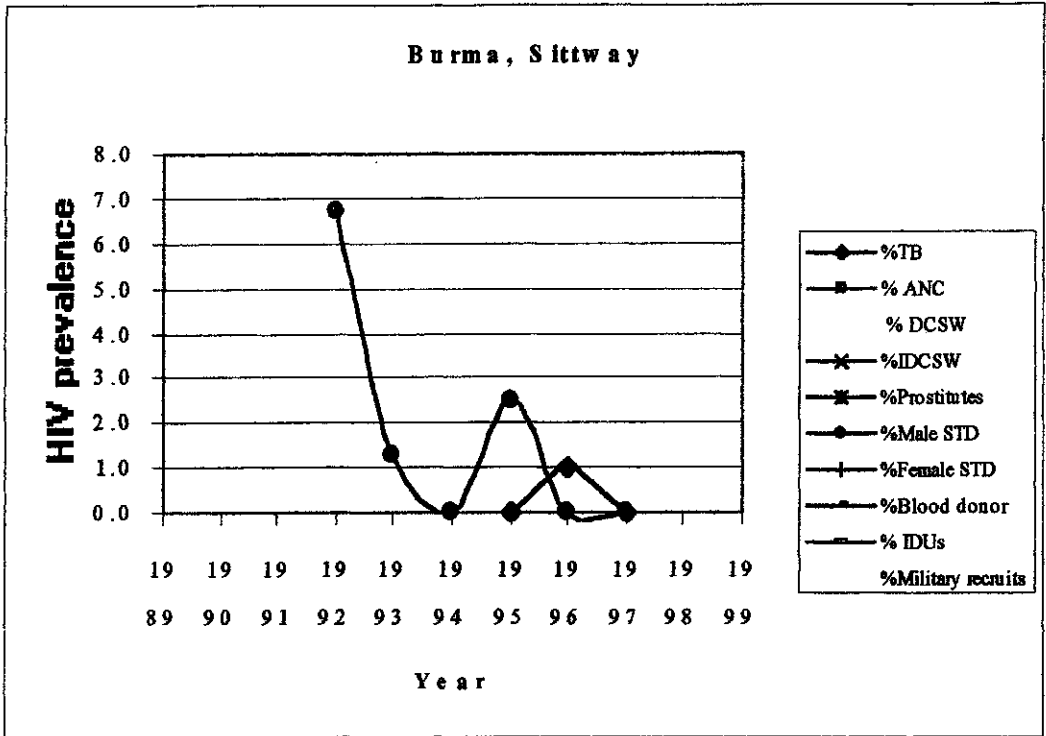
Burma, Lashio

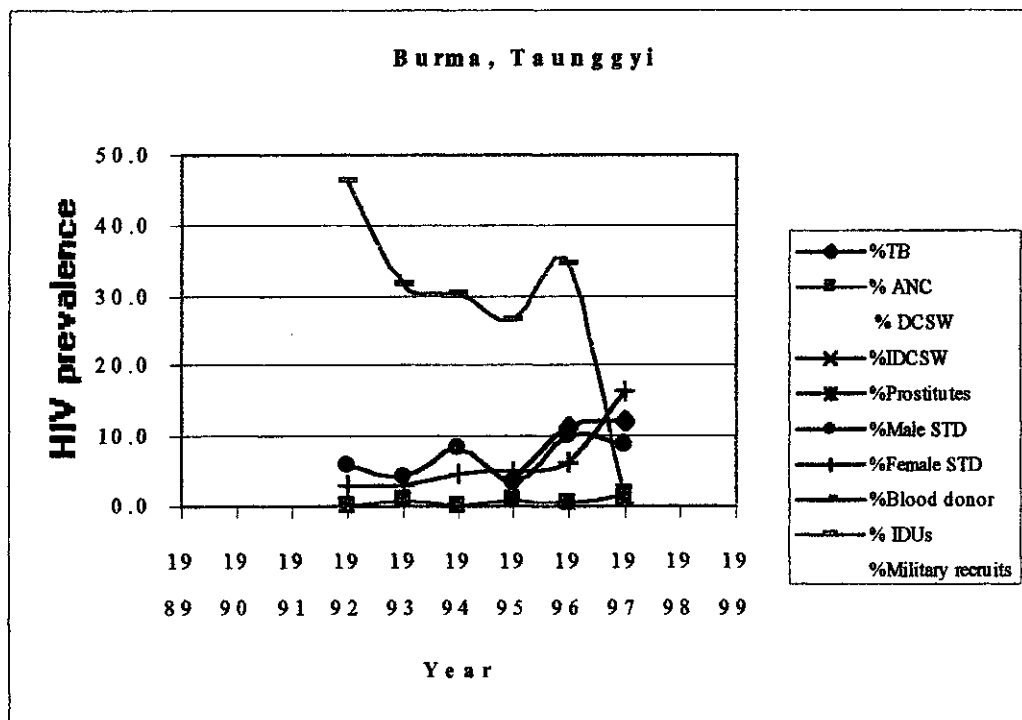
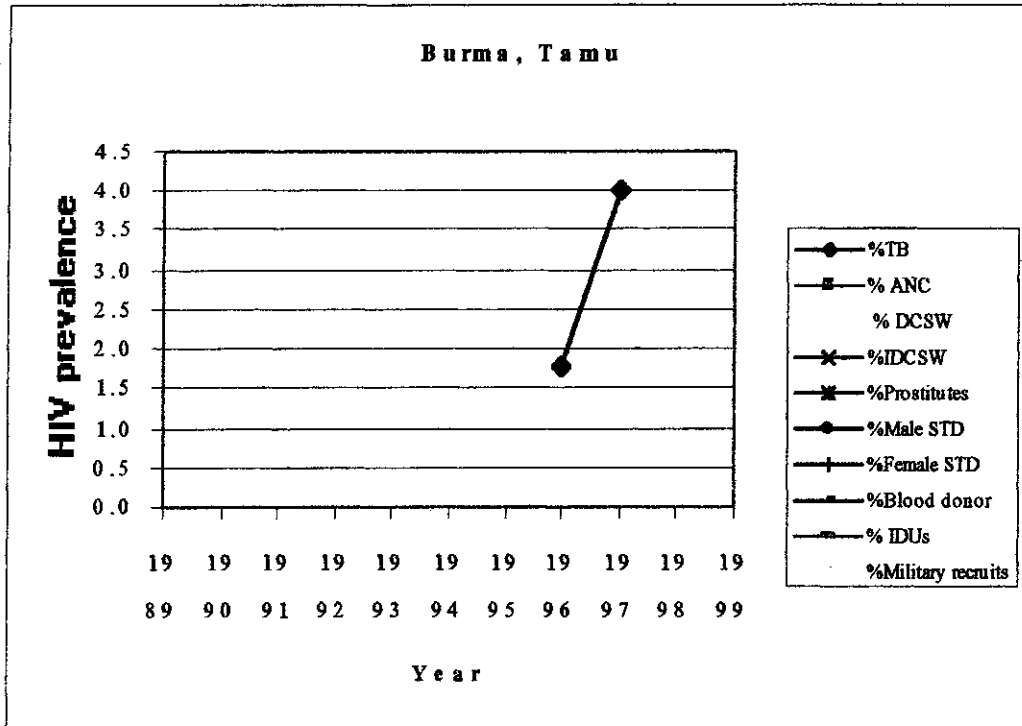












## Summary of the Workshop on “Research and Development on dual epidemic of TB and HIV/AIDS”

**Background:** In 2000, TB/HIV Research project, a collaborative research project under the Research Institute of Tuberculosis (RIT), Japan Anti-Tuberculosis Association and the Ministry of Public Health, Thailand, will complete its six year of operation in Chiang Rai, Thailand. Our mission is to conduct research and related activities such as human resource development and technical cooperation on Tuberculosis and HIV/AIDS. Our goal is to provide a scientific basis for the control strategies of these diseases not only in both countries but also internationally.

This is correspond to the INCLLEN's mission is “We are dedicated to improving the health of the people by promoting clinical practice based on the best evidence of effectiveness and the efficient use of resources” and the theme of the INCLLEN Global Meeting XVII - “Research Networks in the New Millenium: Developing Countries' Contribution to Global Knowledge”. Thus, the TB/HIV Research Project would like to share the experiences. Z(During the ordinal session of INCLLEN, two poster presentation on October 16<sup>th</sup> and two oral presentation on October 16<sup>th</sup> from the TB/HIV Research Project and our counterparts.)

**Objective:** to share the experiences of the project and obtain the suggestions from the experts for the further long-term collaborative efforts.

**Time and location:** 16:30-19:00, October 17, 2000 at Room Chao Phraya 3, Montien Riverside Hotel as a part of formal workshop at the INCLLEN Global Meeting XVII.

**Organizer:** TB/HIV Research Project, Thailand (a collaborative research project under the Research Institute of Tuberculosis, Japan and the Ministry of Public Health, Thailand)

**Modulators:**

Dr. Charoen Chuchottaworn, Central Chest Hospital, Ministry of Public Helah, Tailand  
Dr. Nobukatsu Ishikawa, vice-director, RIT, Japan

**Scheules:**

16:30-16:35: Opening by modulators

16:35-16:50: Overview of the collaborative research project in Chiang Rai (*Papers 1*)

Dr. Hideki Yanai, project manager, TB/HIV Research Project

16:50-17:05: Improving TB service and drug-resistance in Chiang Rai province (*Paper 2*)

Dr. Tikamporn Changchit, Director, Phan Hospital

17:05-17:15: discussion

*Mr. Jan asked about the DOTS watchers - why was it that family members appeared to be less effective DOTS watchers than Health Care Workers? Also someone asked whether the patients agreed to this change or not. Dr Wivat commented that more than one person could be DOTS watcher. Perhaps a DOT watcher is needed in the family as well, in order to remind the patient that they have to go to get their drugs.*

*Dr Chitr asked whether patients get incentives to go to the HC for DOTS. Also whether the HCW got incentives for an increased patient load. The answer from Chiang Rai team was “no incentives”. The incentive is that the HCW do not need to spend a lot of time going into the field to see the patients themselves. Health care workers' attitude can be changed if they are well trained and understand the importance of their work / of DOTS well. For the patients, good counseling is the key - if they understand the necessity, they are willing to contribute to their own health by going to the health center daily. Jintana called this 'an intellectual*

*incentive', which is a good term.*

*There was a question from floor about the sustainability of TB control program in Chiang Rai province. Drs Tikamporn and Surachai explained that the permanent public health personnel in Chiang Rai province initiate the process while RIT maintain only facilitation role, thus the sustainability can be sure.*

17:15-17:45: Sociocultural dimension of TB in an HIV epidemic area (Papers 3)

Ms. Jintana Ngamvithayapong, research fellow, TB/HIV Research project

*Comment from Prof. Mark Nichter: Based on the presentation of Jintana, it is challenging for the disease control that how to prevent disease transmission, while people continue their social role. We need to compromise these two conflicts.*

17:45-17:55: Tuberculosis Preventive Therapy as Part of a Day Care Package for People Living with HIV in a District of Thailand (Paper 4)

Dr. Surachai Piyaworawong, Director, Mae Chan Hospital

17:55-18:05: Cohort study of drug users in Mae Chan Hospital to study TB/HIV issues (Papers 5)

Ms. Saiyud Moolphate, research coordinator, TB/HIV Research project

18:05-18:15: discussion

*There was comments from Dr. Wiwat that TB person are generally conservative to expand the program including DOTS and IPT. Dr. Pasakorn explained the nature of TB control and clarify the policy of National TB Program of Thailand.*

18:15-18:25: Needs of Research and Development on TB/HIV in Cambodia.

Dr. Ikushi Onozaki, chief, advisor, National Tuberculosis Control Program of Cambodia

*Dr Onozaki in his presentation mentioned some of the challenges as follows:*

- a.. enormous prevalence of TB and an increasing patient load due to the rapid onslaught of the AIDS epidemic;*
- b.. need for expansion of TB services in the context of Cambodian health sector reform;*
- c.. need for decentralization - first from the province to the district level, then from the district to the village level;*
- d.. lack of research capacity among Cambodian professionals*

*Positive factors:*

- a.. Strong political commitment;*
- b.. Many international donors are interested to support the National TB Program.*

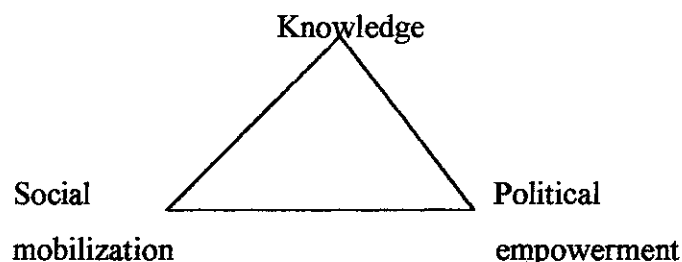
*Dr Pasakorn mentioned that there will be a regional meeting such as Mekon Basin and/or ASEAN for promotion of health development. TB should be on the agenda of this meeting.*

18:25- 19:00: comments and general discussion



**Comments from Prof. Chitr:**

- Current direction of the research: Research is not only a part of intellectual development but research need to more translating into action and linking with other sectors.



-We need to measure the success of the program by using three indicators:

1. Human resources: How many training sessions were organized? After listening to the TB/HIV research's activities, the project in Chiang Rai can be a training site.

2. Knowledge: There are two ways to disseminate the research findings widely:

1) Publications.

2) Systematic reviews

2) Homepages of the project: putting results into internet web site

It is important to measure that how much research findings are translated into the language that will be understood by the stakeholders.

3. Empowerment of the stakeholders: TB is a problem of every sector, i.e. providers, patients, policy makers.

**List of participants**

Prof. Chitr Sitti-amron, dean, college of public health, Chulalongkorn University

Dr. Wiwat Rojanapithayakorn, UNAIDS, Bangkok

Dr. Pasakorn Akarasewi, TB division, Ministry of Public Health

Prof. Mark Nichter, University of Arizona

Dr. Takashi Yoshiyama, chief, Epidemiology division, RIT

Dr. Pathom Sawanpanyalert, director, Thai NIH and co-project manager, TB/HIV Research project

Dr. Tieng Sivanna, Cambodian National TB Center (CENAT)

Dr. Kun Saorith, CENAT

Dr. Peou Satha, CENAT

Dr. Keo Sokonth, CENAT

Dr. Ikushi Onozaki, Chief Advisor, JICA Cambodia National Tuberculosis Control Project

Ms. Jan W de Lind van Wijngaarden, Research & Monitoring Associate, FHI/Impact Cambodia

Dr. Achyut Bhattarai, Infectious disease hospital, Kathmandu

Mr. Sittijet Konsakorn, Provincial Tuberculosis Coordinator, Chiang Rai Provincial Health Office

Ms. Chomnapa Pitipakorn, Chiang Rai Regional Hospital

Ms. Aunchan Kiattiponsakda, Mae Chan Hospital, Chiang Rai

Dr. Thavisakdi Bumrungtrakul, Thai Anti-TB Association

Ms. Ratana Somrongthong, Academic Staff, the College of Public Health, Chulalongkorn University

Ms. Dares Chusri, Office Director, The Thai NGO Coalition on AIDS

Other participants from the INCLLEN deligates

**Distributed papers for discussion in relation to each presentations**

1.1. TB/HIV Research Project – Progress Report 2000 (DRAFT)

1.2. Yoshiyama T, Supawitkul S, Kunyanone N, Rienthong D, Yanai H, Abe C, Ishikawa N, Akarasewi P, Payanandana V, Mori T. **Prevalence of drug-resistant tuberculosis in an area with human immunodeficiency virus epidemics in northern Thailand.** *the International Journal of Tuberculosis and Lung Disease* 2000; in press

2. Saisom S, Changchit T, Yanai H. **Improving Tuberculosis Services in Chiang Rai province: Challenge to control dual epidemic on TB and HIV.** *Journal of Communicable Disease* 1999; 25(4): 407-413

3.1. Ngamvithayapong J, Winkvist A, Diwan V. **High AIDS awareness may cause tuberculosis patient delay: results from an HIV-epidemic area, Thailand.** *AIDS* 2000. 14:1413-1419.

3.2. Summary of book - Ngamvithayapong J, Talawat S, Luangjina S. (editors) *How can an effective home visit convince tuberculosis patients?* Chiang Rai: Chiang Rai Roongroj Printing, 2000. (ISBN 974-87648-9-3)

3.3. Presentation materials of Ms. Jintana's presentation

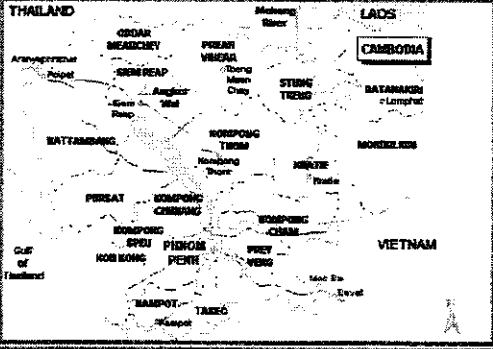
4. Piyaworawong S, Yanai H, Nedsuwan S, Akarasewi P, Moolphate S, Sawanpanyalert P. **Tuberculosis Preventive Therapy as Part of a Day Care Package for People Living with HIV in a District of Thailand** *preparing for publication (Please not to quote – please give us any suggestions and comments)*

5.1. Sawanpanyalert P, Supawitkul S, Yanai H, Saksoong P, Piyaworawong S. **Trend of HIV Incidence among drug users in an HIV Epicenter in Northern Thailand, 1989-1997.** *Journal of Epidemiology*, 1999; 9:114-120

5.2. Power point presentation file of Ms. Saiyud presentation

# CAMBODIA CALL for Research On TB & HIV

*TUBERCULOSIS  
and  
Sustainable  
Development*



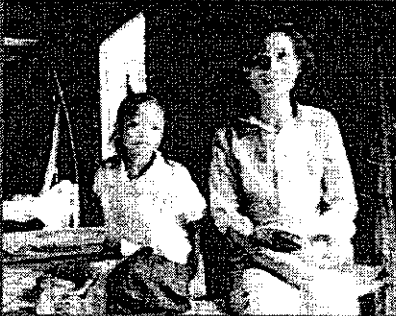
Source: [www.who.int](http://www.who.int) (2004) & [www.cambodia.gov.kh](http://www.cambodia.gov.kh) (2003)


*DOTS since 1994*

145 TB units in Public Hospitals

Smear(+) New: 135/100,000

Treatment Success: 92%  
(1999)





*CONSTRAINTS*

- High Prevalence
- Long Delay
- Detection Rate <60%
- Inaccurate Record
- HIV/AIDS

CAMBODIA

**Challenges: Expansion of TB Services with Health Sector Reform**

**From Province to District through TB Units (-98)**

**From District to Village through integrated Health Service (99-)**

**DOTS in Health Centers gives poor, women and isolated populations better access to TB services**



CAMBODIA

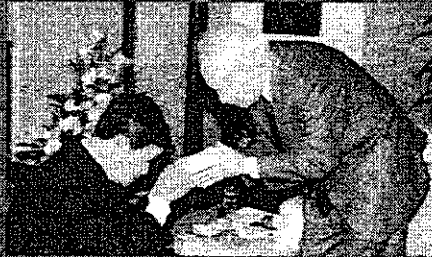
**51% Increase of National Health Budget (2000)**

**National TB Committee Chaired by the Prime Minister**

**Double Salary for TB Staff**

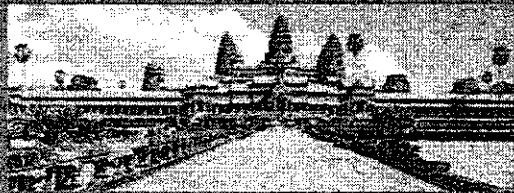
**100% Procurement of TB Drug**

**Free Exam. & Treatment**



**STRONG POLITICAL COMMITMENT &**

**INTERNATIONAL PARTNERSHIP**



**Partners: JICA, KfW, MSI, RIT/JATA, WB, WFP, WHO.**

CAMBODIA