

## ABSTRACT

**Background:** The Philippines has a high burden of TB and HIV. Despite this, the WHO estimates that only 13% of Filipinos with TB know their HIV status. One of the contributing factors to this is the inequitable distribution and fast turnover of trained HIV counselors and medical technologists (laboratory technicians) at the primary healthcare level. In Africa and India where resources and manpower are also scarce, TB/HIV care is already delegated to community health workers. Evidence is scant about the acceptability and feasibility of this delegation in the Philippines.

**Objectives:** (1) to describe the perceived appropriateness of delegating HIV counseling and testing among TB patients from the perspective of patients and stakeholders; (2) to describe existing implementation contexts in select primary healthcare centers; (3) to identify technical, financial and infrastructural needs to delegate HIV counseling and testing among TB patients at the primary healthcare level; (4) to describe the skills and characteristics of CHWs as well as the technical, financial, and infrastructural profile of primary health care centers; and (5) to compare and to identify gaps between identified needs and implementation contexts vis-à-vis existing CHWs and characteristics of primary health care centers.

**Methods:** The study was conducted in primary healthcare centers in San Jose del Monte City, Bulacan province, a category A (high HIV prevalence) area. The study employed a sequential explanatory mixed-methods design to achieve the study's objectives. Surveys (n=89) and interviews (n=3) with TB patients, BHWs (n=81), and 10 focus group discussions with various stakeholders were done.

**Results:** TB patients had a mean acceptability score of  $3.53 \pm 0.86$  (neutral, leaning towards agree) in receiving HIV counseling from BHWs, and  $3.24 \pm 0.90$  (neutral, leaning towards disagree) in receiving HIV testing from BHWs. BHWs' were also neutral but leaned towards agreeing to be HCT providers ( $3.77 \pm 0.547$ ). In the group discussions, BHWs preferred to only provide HIV counseling. Stakeholders said that only select BHWs who meet certain criteria should be enlisted to provide HIV counseling. Program managers and stakeholders rated delegation of HCT to BHWs as moderately feasible ( $3.12 \pm 1.06$ ). Patients' and providers' knowledge and attitudes towards TB/HIV predicted their acceptance. Various financial, operational, and technical requirements were identified to make this delegation feasible.

**Conclusion:** Delegation of HCT among TB patients to BHWs is moderately feasible, but only delegation of HIV counseling to select BHWs who pass certain identified criteria is acceptable. Health education campaigns which emphasize the relationship between TB and HIV are needed to make the delegation acceptable. In a devolved health system, lobbying for resources with local government executives is needed to equip BHWs in providing patient-centered TB/HIV care. National policies on HCT need to be revised to accommodate lay service providers.

**Keywords:** task shifting, patient-centered care, TB/HIV