2017 – 2022 Philippine Strategic TB Elimination Plan: Phase 1 (PhilSTEP1)

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Reasons for developing the NTP strategic plan

TB is still a major health problem based on the 2016 NTPS

2010 – 2016 PhilPACT already completed

WHO End TB Strategy (2035)

TB law – RA 10767

DOH: Philippine Health Agenda

Key Programmatic Gaps based on the Joint Program Review and stakeholders consultation

1. Missing TB cases due to;

- Poor health seeking behavior of patients / communities
- Inadequate access by patients to sensitive TB diagnostic services arising from geographical, financial and information barriers
- Unreported cases who consult health facilities and health care providers outside the NTP network
- 2. Inadequate implementation of TB services for latent TB infected patients, drug resistant TB cases, TB/HIV and those who are high risk for TB
- 3. Limited reach of the poor and other vulnerable groups
- 4. Lack of human resources who have varying capabilities and commitment
- 5. Weak health systems support especially the supply chain management, TB surveillance and data generation
- 6. Varying performance and support to local TB program by the local government units

Processes in the formulation of PhilSTEP1

Joint
Program
Review
(JPR)
conducted



Steering Committee and Task Force on NSP organized

Jun 2016

Task Force held series of meetings and drafted the plan

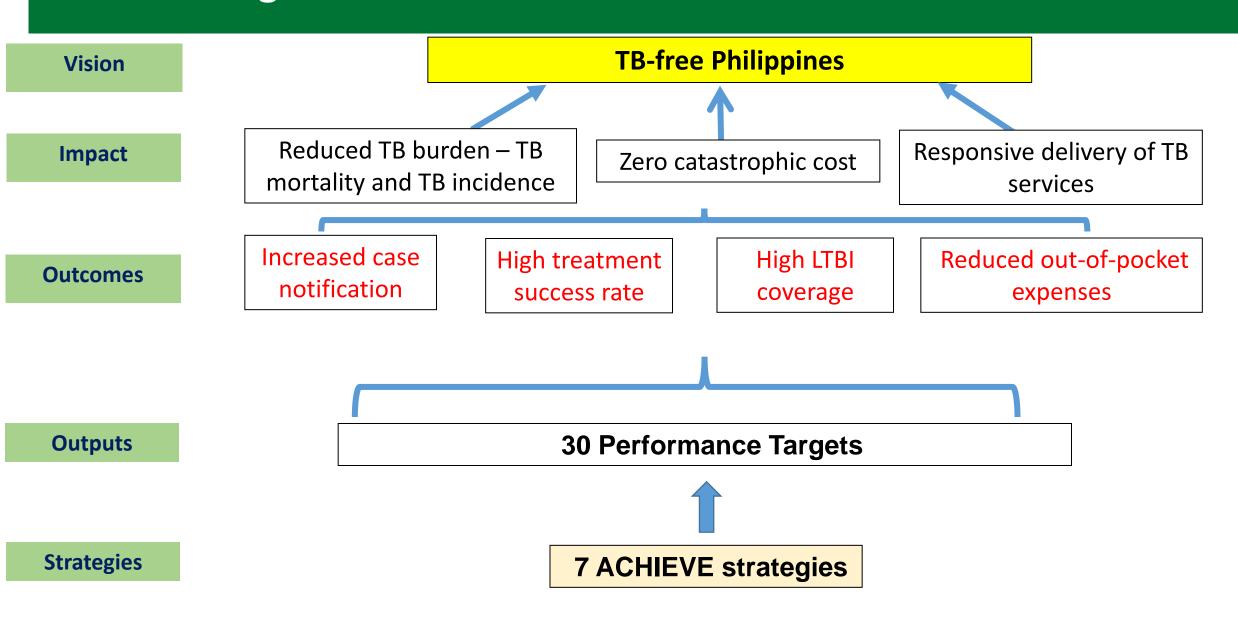
Jul to Aug 2016 Conducted
5
consultative
workshops
nationwide

Aug to Oct 2016

Revised plan and presented to Steering committee

Dec 2016 & Jan 2017

Logical Framework of the 2017 – 2022 PhilSTEP1



Principles

Government stewardship and accountability, with monitoring and evaluation

Engagement of the private sector, civil society organizations and communities

Protection and promotion of human rights, ethics and equity

Adaptation of the strategies and targets at the local levels

Impact Targets for 2022

- •Reduce **number of TB deaths** by **50%** from 14,000 to 7,000 deaths
- •Reduce TB incidence rate
- •Reduce to **0** the number of TB affected households that experience **catastrophic costs** due to TB
- At least 90% of patients are satisfied with the services of the DOTS facilities

Outcome Targets for 2022

Indicators	Baseline 2015	Target in 2022
 Case notification rate per 100,000 	297	525
TB treatment success rate		
Susceptible	92%*	>92 %
MDR	49%	85%
Case Fatality Ratio	4%	< 4%
 LTBI treatment coverage among HH child contacts aged less than 5 yo and HIV 	Children: 14% PLHIV: 43%	90% 90%

^{*} based on underestimated TB incidence rate and over-diagnosed TB cases

1. Activate TB patient support groups and communities to access quality TB services

Performance targets	Key activities
15% of total TB notifications	 Mobilize NGOs and CSOs to organize
came from community referrals	communities
	 Implement Integrated Marketing
50% reduction of non-action	Communications
takers among the presumptive TB	
Patient's agenda incorporated	 Support the organization and activities of
into NTP plan and policies	patient groups
	 Promote patient's rights and active participation
	in program management

2. Collaborate with other government agencies and partners to reduce out of pocket expenses of TB patients and expand social protection measures

Performance targets	Key activities
25% average annual increase of DOH budget for TB elimination	 Obtain from DOH an increase in funding for TB, particularly for drug resistant and complicated TB cases. Mobilize other sources of funds and financing schemes for patients and health facilities
70% of TB patients are supported by PhilHealth Outpatient Benefit package	 Revise the design of the TB DOTS benefit package Implement a communication strategy to make members aware of their benefits. Provide incentives to staff of TB DOTS facilities to obtain accreditation and avail of the PhilHealth TB DOTS benefit package

2. Collaborate with other government agencies and partners to reduce out of pocket expenses of TB patients and expand social protection measures

Performance targets	Key activities
80% of NHTS members	 Link 4Ps TB patients to poverty reduction initiatives
with TB are availing of	 Strengthen communication strategies and lobby for
social protection	additional health benefits from social protection
programs	programs
	 Regularly measure catastrophic costs

3. Harmonize national and local efforts to mobilize adequate and capable human resources for TB elimination

Performance targets	Key activities
20% increase in the LGU hired	 Conduct HHR inventory study for the NTP
health care	 Conduct policy scan for HHR development &
providers	management
	 Advocate for policy reform to National agencies DOH,
	DBM, and DILG
DOH deployed human	 Conduct stakeholders consultation and coordinate with
resources are involved in TB	HHRDB
elimination efforts	 Issue guidelines
	 Train deployed personnel

3. Harmonize national and local efforts to mobilize adequate and capable human resources for TB elimination

Performance targets	Key activities
	 Conduct competency-based mapping and analysis
90% of HR are conducting	 Develop Comprehensive Capacity Building Packages
tasks according to NTP	 Facilitate PRC certification
protocol	 Conduct of Trainings
	 Implement performance assessment tool
	 Develop alternative teaching/learning platforms for all
	NTP HCWs
	 Integrate NTP modules in the school curricula

4. Innovate TB surveillance, research and data generation for decision-making

Performance targets	Key activities
90% of health care providers are notifying TB cases	 Fully implement the integrated TB information system (iTIS) Link iTIS to other information systems and new technologies (e-learning, mHealth, automated work management) Do other iTIS enhancements (data analysis tools, new technologies) Implement mandatory TB notification as per TB Law IRR

4. Innovate TB surveillance, research and data generation for decision-making

Performance targets	Key activities
Accurate TB information	 Regularly update NTP recording and reporting system to
are generated on time	comply with DOH and WHO standards
	 Conduct data and system quality check activities
WHO standards for TB	 Conduct research according to the updated Research Agenda
surveillance and vital	 Conduct regular monitoring of all health facilities and lower
registrations systems met	organizational levels
100% of program	 Implement capacity building on data management and
managers use	utilization for all program managers
information for evidence-	 Conduct annual TB Performance Assessment and Improvement
based decision making	Planning activity
	 Publish and disseminate annual National and Regional TB
	reports

5. Enforce NTP TB care and prevention standards and use of quality TB products and services

Performance targets	Key activities
95% of DOTS facilities are certified to	 Update the NTP Manual of Procedures and train
be complying with the revised NTP	health care providers
standards	 Implement the revised DOTS certification system
Proportion of staff of DOTS /	 Strengthen the infection control measures in the
laboratory facilities lower than the TB	DOTS facilities and laboratories
incidence	
95% of TB labs are under a well-	 Implement quality assurance system for TB
functioning quality assurance system	laboratory services at all levels (QA system, maintenance, biosafety)
All TB culture and DST laboratories	 Improve capacity of QA centers
meet biosafety standards	

5. Enforce NTP TB care and prevention standards and use of quality TB products and services

 No stock-outs of quality and economical laboratory supplies and laboratory supplies and products in all service delivery points Select only anti-TB medicines that are FDA registered and included in the Philippine National Drug formulary and laboratory supplies approved by NTRL Systematize the procurement of anti-TB medicines and laboratory supplies Implement a systematic distribution mechanism Enhance quality management system for anti TB medicines and NTP supplies Enhance safety monitoring system of anti TB medicines and 	Performance targets	Key activities
NTP products through pharmacovigilance	and economical laboratory supplies and TB pharmaceutical products in all service	 included in the Philippine National Drug formulary and laboratory supplies approved by NTRL Systematize the procurement of anti-TB medicines and laboratory supplies Implement a systematic distribution mechanism Enhance quality management system for anti TB medicines and NTP supplies

Performance targets	Key activities
100% new and relapse TB	 Expand and sustain TB laboratories operations
patients tested using WRD as	 Support patients to undergo Xray examination
a primary diagnostic tool	 Conduct systematic screening for TB among the high risk
100% DST coverage	groups
95% of detected DRTB	 Build capacity of DOTS facilities to provide services to both
patients are enrolled	DS and DRTB patients
	o Implement shortened treatment regimen for DRTB patients
Less than 10% of DRTB are	and use new anti-TB medicines
<i>lost-to-follow up (interim)</i>	 Build capacity of DOTS facilities for prompt treatment and
	adherence to treatment of DRTB patients

Performance targets	Key activities
90% of TB patients are with	 Provide services beyond Category A and B areas
documented HIV status	 Ensure TB-HIV co-infected patients are treated
90% of DOTS facilities are	 Develop models for TB services with focus on gender,
adapting integrated patient-	human rights and patient centeredness
centered approach	 Support DOTS facilities to provide TB services that are
	patient-centered, gender sensitive and human rights
	promoting
	0

Performance Target	Key activities
30% of notified TB cases came from the private sector	 Develop national action plan on PPM
	 Conduct inventory and mapping
	 Advocate participation of private health care providers
	 Orient / train
	 Provide incentives and enablers
	 Implement innovative payment mechanisms

Performance targets

80% of provinces/HUCs are with functional DOTS network providing expanded and integrated TB care and prevention services

Key activities

- Integrate TB (both DS and DR) with other health programs such as MNCHN, NCD, other infectious disease program, drug rehab, nutrition
- Treat Latent TB infection among priority groups
- Build capacity of DOTS facilities to improve adherence of DSTB patients to treatment
- Establish, support and sustain provincial/city DOTS
 network

7. Engage national government agencies, legislative branch and local government units on multi-sectoral implementation of localized TB elimination plan

Performance targets

All regions, provinces, HUCs, and municipalities have clear and costed localized TB elimination plans

Key activities

- Formulate and implement policy and guidelines for the development and implementation of local strategic & operational TB elimination plan including "TB elimination packages"
- Support LCEs to lead in mobilizing support in the adoption of TB elimination package and in the development and implementation of the local TB elimination plans

7. Engage national government agencies, legislative branch and local government units on multi-sectoral implementation of localized TB elimination plan

Performance targets Key activities o Develop policy and implementing guidelines on multi-National, all regions, sectoral coordinating committees for the implementation provinces, cities and of TB elimination plans in accordance with the IRR of RA municipalities have active multi-sectoral committees 10767 supporting TB elimination Build the capability of the multi-sectoral coordinating efforts **committees** in TB elimination efforts Develop and implement an annual implementation plan aligned with PhilSTEP1

TB elimination package for provinces and cities: REACHING TB cases

1	Replaced sputum microscopy with Xpert
2	Engaged private providers
3	Accessible patient centered health facilities providing quality services
4	Community health seeking behavior positively changed
5	High Risk Group screened with X-ray examination
6	Intensive supervision and monitoring based on ITIS data
7	Networked with other government agencies working on social
	determinants
8	Governed and funded by LGUs

Thank you!