

## PHILIPPINES TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2021

This is an overview of the USAID/Philippines FY 2021 Tuberculosis (TB) Roadmap, implemented with FY 2020 budget. It was developed in consultation with the National TB Program (NTP) and with the participation of national and international partners involved in TB prevention and care in the country.

Among the 30 high TB burden countries, the Philippines is ranked fourth; and among the high multidrug-resistant TB (MDR-TB) burden countries, the Philippines is ranked seventh.<sup>1</sup> In 2019, there were an estimated 599,000 TB cases.<sup>2</sup> With the introduction of mandatory private sector case notification, the Philippines have recorded a 29 percent increase in case notifications since 2017.<sup>3</sup> While this is significant progress, an estimated 190,000 TB cases were still “missed,” which means they were either not diagnosed or diagnosed but not notified. For rifampicin-resistant TB (RR-TB) and MDR-TB, the gap in cases notified is even greater. In 2019, of the 21,000 estimated RR-TB/MDR-TB cases, only 6,251 cases were enrolled on treatment.<sup>4</sup> Over the past five years, the treatment success rate (TSR) for drug-susceptible TB (DS-TB) remained around 90 percent;<sup>5</sup> however, the cases notified from the private sector do not usually have reported outcomes. Additionally, gaps in TB preventive therapy (TPT) coverage continue to present an issue in TB elimination efforts. In 2019, only 3.4 percent of children less than five years old who were contacts of TB patients and 54 percent of people living with HIV (PLHIV) who were newly enrolled in care had been initiated on TPT.<sup>6</sup>

The NTP implements its TB control efforts through its updated Philippine Strategic TB Elimination Plan 2020-2023 (PhilSTEPI). By 2022, this plan aims to achieve a 50 percent reduction in TB mortality and 12 percent reduction in TB incidence. It outlines the major strategies in screening, testing and diagnosis, treatment, and prevention. The screening interventions focus on maximizing Chest X-ray (X-ray) as a screening tool to detect asymptomatic cases, particularly for vulnerable populations and facility-based screening; where not feasible, community-based screening implemented with health workers or volunteers will be used. For testing and diagnosis the focus is on: (1) improving access to new diagnostics including Xpert<sup>®</sup> MTB/RIF (GeneXpert) expansion to achieve universal drug-susceptibility testing (DST) for all presumptive TB as well as line probe assay (LPA) and DST optimization; and (2) building on the gains made through the mandatory private sector notification by pushing for nationwide implementation, while also continuing to improve the quality of diagnosis and treatment adherence. In line with

---

<sup>1</sup> World Health Organization. *Global Tuberculosis Report, 2019*.

<sup>2</sup> World Health Organization. *Global Tuberculosis Report, 2020*.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

the universal health coverage (UHC) initiative, the treatment strategies in the PhilSTePI are centered on establishing a healthcare provider network at the local government level that integrates all TB services, specifically treatment of DS-TB and DR-TB, and the adoption of patient-centric care models. Lastly, for TB prevention, the priority is to roll-out shorter TPT and to enhance infection prevention and control in all facilities.

The proposed FY 2020 USAID TB budget for the Philippines is \$14.5 million. With this level of funding, USAID will support the following technical areas:

## **REACH**

### *TB diagnosis*

USAID will support the adoption of a “screen all” approach ensuring that all patients visiting a health facility for any reason will also be screened for TB. Additionally, USAID will support the expansion of X-ray as a screening tool in active case finding (ACF) activities and implementation of the Find Actively, Separate, and Treat (FAST) strategy, and other case finding approaches, will be scaled-up to increase identification of more presumptive cases that will subsequently be linked to World Health Organization (WHO) recommended rapid diagnostic tests. Doing this requires assessing the diagnostic network capacity and expanding the network of laboratories and facilities that will provide comprehensive, high-quality TB diagnostic services. USAID will also help the NTP to reach its target to test 100 percent of TB cases with GeneXpert.

### *Engaging all care providers*

USAID will continue to engage private sector health providers in offering screening and diagnostic services that are consistent with WHO and NTP guidelines. USAID will also help to increase the capacity of private sector consortium partners to expand access to affordable WHO-recommended diagnostic tests.

### *Community TB care delivery*

USAID will support approaches that will strengthen community-based TB service delivery. Specifically, partnerships with local organizations will be mobilized to ensure that TB services will be more accessible for at-risk groups and vulnerable populations. Additionally, social and behavior change (SBC) communication strategies will be implemented to improve health-seeking behaviors among the target populations and address and reduce TB-related stigma and discrimination.

## **CURE**

### *Drug-susceptible TB (DS-TB) treatment*

While the TSR is at 90 percent, this data refers to cohort patients managed in government health facilities. As mandatory private sector case notification has made a

large contribution to the case notification rate, and treatment outcomes are seldom reported for these cases, the TSR is likely lower than expected. USAID will support approaches to improve the TSR through SBC and community-based treatment approaches, as well as investing in tools to improve treatment adherence including the use of mobile phone applications, especially for private sector clients.

### *Multidrug-resistant TB (MDR-TB) treatment*

To improve treatment adherence for MDR-TB patients, USAID will adopt patient-centered approaches to TB care. This will include the decentralization of treatment and scale-up of community-based treatment models using the recommended all-oral, shorter treatment regimens for MDR-TB. To support rapid uptake of the all-oral regimen, USAID will support the procurement of necessary second-line drugs. USAID will also support the scale-up of digital tools to improve treatment adherence and reduce the number of TB patients lost-to-follow-up. To address the catastrophic costs that TB patients and their families face, which may contribute to an increase in the number of patients lost-to-follow-up, USAID will support strategies to expedite implementation of UHC and improve healthcare packages for MDR-TB.

## **PREVENT**

### *Prevention*

USAID will prioritize the identification and treatment of people with TB infection (TBI) by expanding the management of all ages of TB contacts and the routine screening of other at-risk populations, as well as the development of appropriate recording and reporting tools to track progress. To reduce TB transmission, USAID will support the institutionalization and strengthening of health systems' capacity for infection prevention and control.

## **SELF-RELIANCE**

To increase political commitment towards meeting the United Nations General Assembly (UNGA) High-Level Meeting on TB targets, of treating over two million cases of TB by 2022, USAID will work to increase political commitment at the national and local government levels, institutionalize sustainability mechanisms to maintain access to high-quality care as well as to help strengthen the Department of Health's (DOH) procurement and supply chain management, monitoring and evaluation, human resources, and governance and financing capacity. Furthermore, USAID, through local organizations, will work with multisectoral stakeholders to ensure equal rights to TB patients by helping to address and reduce stigma and discrimination.