Philippines

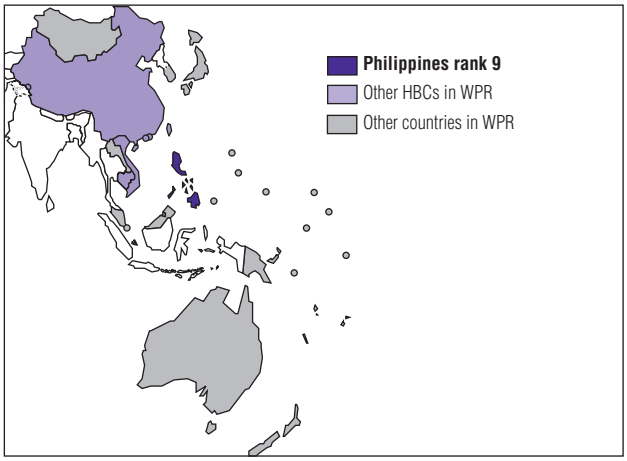
Case notification rates continue to increase in the Philippines as PPM initiatives are expanded and community task forces become involved in case-finding. The quality of treatment continues to improve; the success rate for new smear-positive cases has been above target for the past 7 years. EQA has been extended to all diagnostic facilities, and culture is becoming more widely available. Management of MDR-TB is expanding, much of it with GLC approval. The diagnosis and treatment of TB in children was an important focus for the NTP in 2006; at least one city in each region was equipped in 2006 to manage paediatric TB. A national prevalence survey was completed in 2007, the results of which will help inform estimates of the burden of TB in the Philippines. The introduction of an electronic TB register may result in improvements in the quality of routine data, which can then be better used to monitor programme performance and impact. However, the NTP has no specific plans to perform special analyses of routinely collected data.

SURVEILLANCE AND EPIDEMIOLOGY, 2006

Population (thousands)[a]	86 264
Estimates of epidemiological burden[1]	
Incidence (all cases/100 000 pop/yr)	287
Trend in incidence rate (%/yr, 2005–2006)[2]	**-1.0**
Incidence (ss+/100 000 pop/yr)	129
Prevalence (all cases/100 000 pop)[2]	**432**
Mortality (deaths/100 000 pop/yr)[2]	**45**
Of new TB cases, % HIV+[b]	*0.1*
Of new TB cases, % MDR-TB (2004)[c]	4.0
Of previously treated TB cases, % MDR-TB (2004)[c]	21
Surveillance and DOTS implementation	
Notification rate (new and relapse/100 000 pop/yr)	171
Notification rate (new ss+/100 000 pop/yr)	99
DOTS case detection rate (new ss+, %)	**77**
DOTS treatment success (new ss+, 2005 cohort, %)	**89**
Of new pulmonary cases notified under DOTS, % ss+	61
Of new cases notified under DOTS, % extrapulmonary	1
Of new ss+ cases notified under DOTS, % in women	31
Of sub-national reports expected, % received at next reporting level[d]	94
Laboratory services[3]	
Number of laboratories performing smear microscopy	2 374
Number of laboratories performing culture	3
Number of laboratories performing DST	3
Of laboratories performing smear microscopy, % covered by EQA	100
Management of MDR-TB	
Of new cases notified, % receiving DST at start of treatment	0.0
Of new cases receiving DST at start of treatment, % MDR-TB	58
Of re-treatment cases notified, % receiving DST	8.4
Of re-treatment cases receiving DST, % MDR-TB	91
Collaborative TB/HIV activities	
National policy of counselling and testing TB patients for HIV?	No policy
National surveillance system for HIV-infection in TB patients?	No
Of TB patients (new and re-treatment) notified, % tested for HIV	–
Of TB patients tested for HIV, % HIV+	–
Of HIV+ TB patients detected, % receiving CPT	–
Of HIV+ TB patients detected, % receiving ART	–

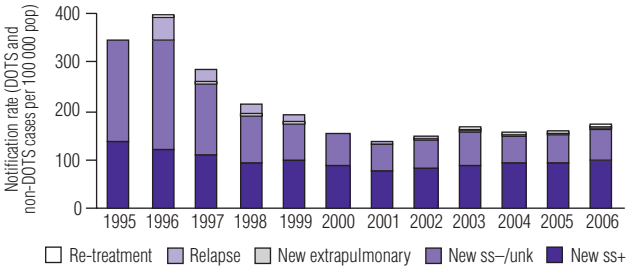
WHO Western Pacific Region (WPR)

Rank based on estimated number of incident cases (all forms) in 2006



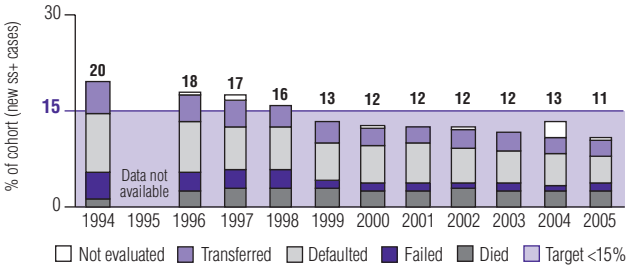
Case notifications

Notifications, particularly ss–, fell dramatically in the late 1990s, but are now fairly stable; proportion of new pulmonary cases that are ss+ has risen to about 60%



Unfavourable treatment outcomes, DOTS

Outcomes not evaluated for all patients in last two years, but treatment success remains above 85% target



DOTS expansion and enhancement	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
DOTS coverage (%)	4.3	2.0	15	17	43	90	95	98	100	100	100	100
DOTS notification rate (new and relapse/100 000 pop)	1.4	2.5	10	25	43	118	138	149	164	158	162	171
DOTS notification rate (new ss+/100 000 pop)	0.6	0.7	4.5	14	27	66	76	82	90	94	97	99
DOTS case detection rate (all new cases, %)	0.4	0.8	3.2	7.7	13	39	43	48	54	52	54	58
DOTS case detection rate (new ss+, %)	0.4	0.5	3.2	10	20	48	56	61	67	72	74	77
Case detection rate within DOTS areas (new ss+, %)[e]	9.7	23	21	60	46	53	59	62	67	72	74	77
DOTS treatment success (new ss+, %)	–	82	83	84	87	88	88	88	88	87	89	–
DOTS re-treatment success (ss+, %)	–	66	26	83	–	–	–	–	76	53	–	–

IMPLEMENTING THE STOP TB STRATEGY[1]

DOTS EXPANSION AND ENHANCEMENT

Political commitment, standardized treatment, and monitoring and evaluation system

Achievements

- Introduced management of paediatric TB in one city in each region; trained NTP coordinators who in turn trained health-care staff; Department of Health provided paediatric anti-TB drugs, PPD reagents and syringes
- Revised NTP manual (4th edition) to include new initiatives; conducted orientation and training of doctors and nurses at all levels on 4th edition of manual
- Contracted external consultant to conduct evaluation of national monitoring and evaluation and information systems for TB, malaria and HIV
- Produced annual report of NTP activities

Planned activities

- Continue training health personnel at all levels on 4th edition of NTP manual
- Regularly monitor and evaluate NTP initiatives at regional and local levels through NTP coordinators and partners
- Pilot test electronic TB register

Quality-assured bacteriology

Achievements

- Completed nationwide expansion of EQA (including capacity building and logistics); results of EQA not available

Planned activities

- Conduct regular monitoring of laboratory activities
- Build capacity for culture needed for programmatic management of MDR-TB
- Strengthen culture capacities of public laboratories identified to collaborate with NTP

Drug supply and management system

Achievements

- Ensured uninterrupted supply of first-line anti-TB drugs to regional and peripheral levels

Planned activities

- Integrate management of second-line anti-TB drugs with Department of Health's drug distribution system to avoid stocks-outs of second-line drugs as experienced in 2006
- Monitor drug supply and distribution at regional level

TB/HIV, MDR-TB AND OTHER CHALLENGES

Collaborative TB/HIV activities

Achievements

- Set up TB/HIV coordination committee with formal endorsement of Secretary of Health; held meetings to discuss roles and function of committee (NTP managers, NAP managers, NGOs and partners of both NTP and NAP invited)

Planned activities

- Formulate policies on collaborative TB/HIV activities
- Implement provider-initiated HIV counselling and testing for TB patients in selected areas in Metro Manila after training relevant health staff

Diagnosis and treatment of multidrug-resistant TB

Achievements

- Expanded management of MDR-TB services to Lung Centre of the Philippines (public facility)
- Decentralized treatment of MDR-TB to health centres
- GLC evaluated management of MDR-TB at Lung Centre of the Philippines and at Makati Medical Center

Planned activities

- Train health personnel and develop modules to standardize and mainstream implementation of programmatic management of MDR-TB
- Formulate policy for programmatic management of MDR-TB and incorporate management of MDR-TB fully into routine activities of NTP
- Prepare those public health facilities that will be participating in management of MDR-TB; train staff and equip additional laboratories for culture and DST

High-risk groups and special situations

Achievements

- Worked with medical staff of National Bilibid and Women's Correctional prisons, and with Bureau of Corrections
- Coordinated with faith-based NGOs and other government organizations to implement TB control in selected urban areas with poor populations

Planned activities

- Explore possibility of introducing management of MDR-TB in prisons

[1] Unless otherwise specified, achievements are for financial year 2006; planned activities are for financial year 2007.

HEALTH SYSTEM STRENGTHENING, INCLUDING HUMAN RESOURCE DEVELOPMENT

Achievements

- Involved broad range of partners from health and other sectors in planning for TB control
- Aligned NTP plan and budget with national plan for health development, poverty reduction strategy paper, medium-term framework for health and SWAp
- Completed planning of Comprehensive and Unified policy on TB Control (CUP) for other government bodies (including departments of education and of labour)

Planned activities

- Hire additional staff for central office of NTP through Global Fund

ENGAGING ALL CARE PROVIDERS

Achievements

- Increased number of formal PPM projects from 48 in 2005 to 149 in 2006, in coordination with Philippine Coalition Against Tuberculosis (PhilCAT) and with support from Global Fund
- Initiated sustainability planning of project-supported PPM sites through PhilCAT
- Conducted DOTS training for staff of non-NTP health facilities participating in PPM activities

Planned activities

- Establish additional PPM initiatives with support from Global Fund
- Conduct central and regional planning for sustainability of PPM projects
- Conduct joint monitoring and evaluation activities at regional level
- Support certification of NTP and non-NTP facilities providing TB diagnosis and treatment by regional certifier team in all regions

EMPOWERING PEOPLE WITH TB, AND COMMUNITIES

Advocacy, communication and social mobilization

Achievements

- Commemorated World TB Day and National Lung Month
- Conducted ACSM training for selected NTP coordinators and partners
- Completed evaluation of social mobilization strategies in World Vision implementation sites

Planned activities

- Develop and finalize NTP ACSM handbook
- Formulate national and regional ACSM plans

Community participation in TB care

Achievements

- Organized community task forces in 268 municipalities (those supported by World Vision); trained task forces in TB control; included contribution of task forces to case-finding in evaluation of task forces

Planned activities

- Involve communities in the observance of World TB Day and National Lung Month events
- Organize additional community task forces
- Conduct refresher courses for community task forces

Patients' Charter

Achievements

The Patients' Charter was published in 2006 and was therefore not available for use in countries until then.

Planned activities

- Incorporate Patients' Charter in DOTS training for health workers
- Promote Patients Charter through advocacy events such as National Lung Month

RESEARCH, INCLUDING SPECIAL SURVEYS AND IMPACT MEASUREMENT

Achievements

- Completed preliminary planning and preparation for 2007 national TB prevalence survey

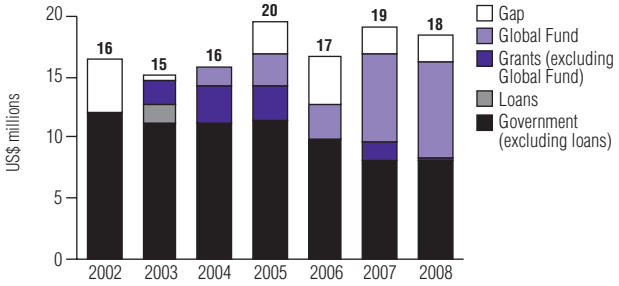
Planned activities

- Conduct national TB prevalence survey
- Conduct operational research on supply chain of anti-TB drugs
- Conduct TB KAP survey of communities, patients and health workers in collaboration with World Vision and University of the Philippines
- Conduct operational research on identification of clinical, radiographic and socio-demographic characteristics of smear-negative X-ray-positive TB

FINANCING THE STOP TB STRATEGY

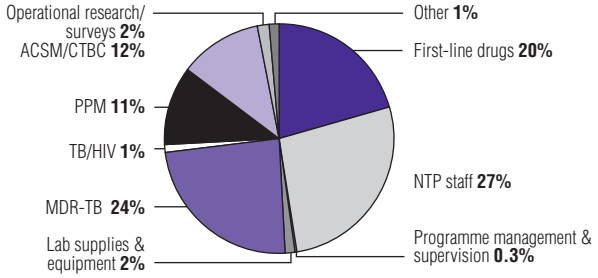
NTP budget by source of funding

Substantial increase in funding from the Global Fund 2007–2008; stable funding needs since 2002



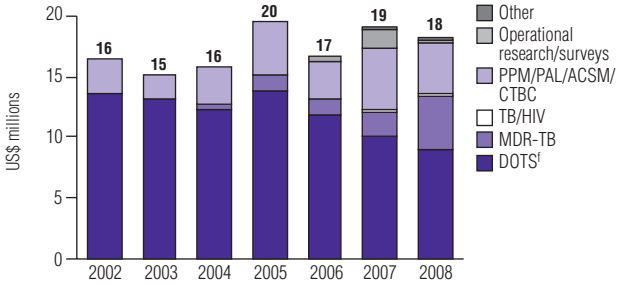
NTP budget by line item, 2008

Largest components of budget are DOTS (49%) and MDR-TB (24%)



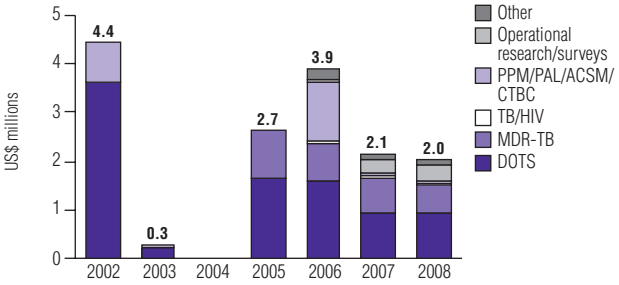
NTP budget by line item

Increased funding needs for MDR-TB and ACSM; NTP expects to treat 340 MDR-TB patients in 2008 (double the number treated in 2007)



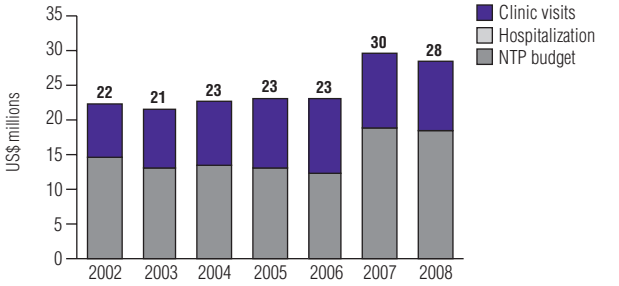
NTP funding gap by line item

Persistent funding gaps for management of MDR-TB since 2005; funding gap for DOTS mainly for dedicated NTP staff



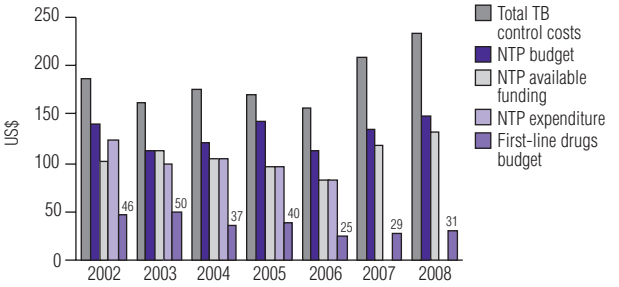
Total TB control costs by line item[4]

Cost of clinic visits based on 120 visits per new ss+ patient during treatment and 24 visits per new ss–/extrapulmonary patient



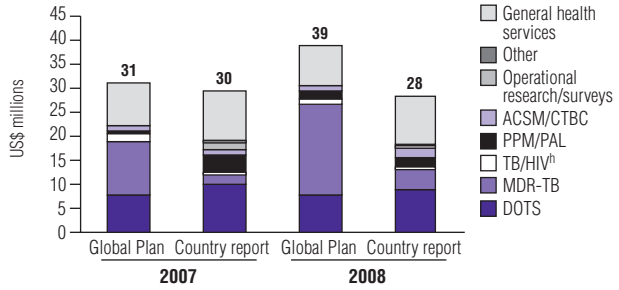
Per patient costs, budgets and expenditures[5]

Increasing costs and budget per patient; lowest expenditure per patient in 2006



Comparison of country report and Global Plan:[g] total TB control costs, 2007–2008

Country report for DOTS and PPM/PAL/ACSM/CTBC ahead of Global Plan; NTP plan for MDR-TB was well-aligned with Global Plan before revision of Global Plan in mid-2007, but targets included in Global MDR/XDR Response Plan are more ambitious



NTP budget and funding gap by Stop TB Strategy component

(US$ millions)	2007 BUDGET	2007 GAP	2008 BUDGET	2008 GAP
DOTS expansion and enhancement	10	0.9	9.0	0.9
TB/HIV, MDR-TB and other challenges	2.1	0.8	4.6	0.6
Health system strengthening	0	0	0	0
Engage all care providers	3.8	0	2.1	0
People with TB, and communities	1.2	0.1	2.1	0.1
Research	1.6	0.3	0.3	0.3
Other	0.2	0.1	0.2	0.1

Financial indicators for TB

Government contribution to NTP budget (including loans)	43%	45%
Government contribution to total cost TB control (including loans)	64%	64%
NTP budget funded	89%	89%
Per capita health financial indicators (US$)		
NTP budget per capita	0.2	0.2
Total costs for TB control per capita	0.3	0.3
Funding gap per capita	0.002	0.002
Government health expenditure per capita (2004)	14	
Total health expenditure per capita (2004)	36	

SOURCES, METHODS AND ABBREVIATIONS

a–h Please see footnotes page 169.

1 Incidence, prevalence and mortality estimates include patients infected with HIV. Estimates of TB burden based on 1997 prevalence survey. Incidence assumed to be declining at 1% per year as in other countries in WPR.

2 MDG and STB Partnership indicators shown in bold. Targets are 70% case detection of smear-positive cases under DOTS, 85% treatment success, to ensure that the incidence rate is falling by 2015, and to reduce incidence rates and halve 1990 prevalence and mortality rates by 2015. Estimates for 1990 are prevalence 819/100 000 pop and mortality 80/100 000 pop/yr.

3 For routine diagnosis, there should be at least one laboratory providing smear microscopy per 100 000 population. To provide culture for diagnosis of paediatric, extrapulmonary and ss-/HIV+ TB, as well as DST for re-treatment and failure cases, there should ideally be at least one culture facility and one DST facility in each province.

4 Total TB control costs for 2002–2006 are based on expenditure, whereas those for 2007–2008 are based on budgets. Estimates of the costs of clinic visits and hospitalization are WHO estimates based on data provided by the NTP and from other sources. See Methods for further details.

5 NTP available funding for 2004–2006 is based on the amount of funding actually received, using retrospective data; available funding for 2002–2003 and 2007–2008 is based on prospectively reported budget data, and estimated as the total budget minus any reported funding gap.

– indicates not available; pop, population; ss+, sputum smear-positive; ss–, sputum smear-negative pulmonary; unk, pulmonary – sputum smear not done or result unknown; yr, year.