



PHILIPPINES TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2022

This is an overview of the USAID/Philippines FY 2022 Tuberculosis (TB) Roadmap, implemented with FY 2021 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 ranks fourth; and among the high multidrug-resistant TB (MDR-TB) burden countries, the Philippines ranks seventh.¹ In 2020, there were an estimated 591,000 TB cases.² In 2020, the Philippines notified 256,541 cases, meaning that an estimated 334,459 TB cases were still “missed,”—by either not being diagnosed or by being diagnosed but not notified. For rifampicin-resistant TB (RR-TB) and multidrug-resistant TB (MDR-TB), the gap in cases notified is even greater. In 2020, of the 20,221 estimated RR-TB/MDR-TB cases, only 4,944 (24 percent) cases were started on treatment.³ Additionally, gaps in TB preventive treatment (TPT) coverage continue to present an issue in TB elimination efforts. In 2020, only 5.6 percent of children under five years old who were contacts of individuals with TB, and 49 percent of people living with HIV/AIDS (PLHIV) who were newly enrolled in care, had been initiated on TPT.⁴

The NTP implements its TB elimination efforts through its updated [Philippine Strategic TB Elimination Plan 2020-2023 \(PhilSTEP1\)](#). By 2022, this plan aims to achieve a 15 percent reduction in TB mortality and a 12 percent reduction in TB incidence. It outlines the major strategies in screening, testing, diagnosis, treatment, and prevention. The screening interventions focus on maximizing chest X-ray (CXR) 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 GeneXpert and Truenat 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 gains made through the mandatory private sector notification by pushing for nationwide implementation, while also continuing to improve the quality of diagnosis and treatment support. In line with the universal health coverage (UHC) initiative, the treatment strategies in the PhilSTEP1 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 people-centric care models. Lastly, for TB prevention, the priority is to roll out shorter TPT and to enhance infection prevention and control (IPC) in all facilities.

¹ World Health Organization. Global Tuberculosis Report, 2021.

² World Health Organization. Global Tuberculosis Report, 2021.

³ World Health Organization. Global Tuberculosis Report, 2021.

⁴ Ibid.

The COVID-19 pandemic has had far-reaching effects on the global TB response, threatening to erase years of progress. As a result of COVID-19 and associated measures to control it, one million fewer people in the 23 countries where USAID focuses TB programming had access to TB diagnosis and treatment in 2020, compared to 2019—representing a more than 20 percent decline. In the Philippines, there was a 37 percent decline in TB case notifications and a 16 percent decline in DR-TB case notifications in 2020, compared to 2019. Further, as a result of COVID-19-related restrictions, a proportion of the Government of the Philippines’ domestic TB resources, including TB staff and laboratories, were redirected to fighting the pandemic, and TB activities were delayed or postponed. To address these declines and resource redirection, USAID, in collaboration with partner governments and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), developed urgent TB program recovery plans in seven of the hardest hit, high-burden TB countries, including the Philippines. [The Philippines TB Recovery Plan](#) supports the NTP’s larger efforts to mitigate the impacts of COVID-19 on the country’s TB responses. As outlined in this Roadmap, USAID continues to work with in-country partners and stakeholders to monitor and mitigate the impact of subsequent waves of COVID-19 resurgences on TB programming in real time.

The proposed FY 2021 USAID TB budget for the Philippines is \$17 million. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

As a result of the COVID-19-related case notification declines mentioned above, in this Roadmap, USAID will be prioritizing TB case finding, detection, and treatment coverage, as well as focusing on scaling-up other activities described in the TB Recovery Plan. The main goal is to restore TB services to pre-COVID-19 levels. To achieve this, USAID will support the following activities:

- Continue scale-up of the “screen-all” approach, ensuring that all people visiting a health facility for any reason will also be screened for TB in public health facilities;
- Integrate TB and COVID-19 screening and simultaneous testing;
- Expand use of CXR as a screening tool in active case finding efforts and implementation of the FAST (Find cases Actively, Separate safely and Treat effectively) approach; and
- Strengthen existing laboratory networks and expand a public-private diagnostic network to ensure access to rapid molecular diagnostics including GeneXpert and Truenat®, especially in the private sector through a pooled procurement consortium model for private sector providers.

Engaging all care providers

Given the important role of the private sector in the health system, USAID and partners have made considerable effort to ensure effective engagement of private sector providers. Moving forward, USAID will continue to engage private sector health providers in TB screening efforts and diagnostic services. USAID will also help increase the capacity of private sector consortium partners to expand access to affordable diagnostic tests and expand consortium reach to increase case finding and reporting to the NTP. With FY 2021 funds, USAID will continue to partner with the network of local and civil societies organizations of key affected populations to advocate for the TB community.

Community TB care delivery

While community-based TB service delivery has been successfully implemented, scale-up of such activities has been challenging. In the context of the COVID-19 pandemic, the importance of community-based services was made even more clear. With FY 2021 funds, USAID will continue to support approaches that 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, including the scale-up of digital tools. Additionally, USAID will support the NTP in expanding home-based TB care for people with DR-TB. Additionally, joint TB and COVID-19 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. These activities will be targeted at the community and national levels.

CURE

Drug-susceptible TB (DS-TB) treatment

Although the DS-TB TSR has consistently remained around 90 percent (86 percent for the 2019 cohort) for the past several years, the COVID-19 pandemic presented a challenge in maintaining this success. Moving forward, USAID will help to scale up people-centered, differentiated TB service delivery models that will provide individuals with TB with proper treatment support to ensure successful treatment outcomes, including community-based and digital solutions. Additionally, while private providers are mandated to report all diagnosed cases of TB to the NTP, there is not yet a system in place to ensure the proper management and reporting of treatment outcomes. With FY 2021 funds, USAID will explore supporting the provision of incentives to private providers, including for the reporting of TB treatment outcomes in all hospitals as a requirement for hospital licensing. USAID will also support the institutionalization of conducting

patient satisfaction surveys in all TB health facilities to ensure the expectations of individuals with TB are met.

Multidrug-resistant TB (MDR-TB) treatment

DR-TB continues to pose a substantial challenge for the TB program in the Philippines. The decline in the number of DR-TB cases notified in 2020 is concerning, and as the country struggles to recover progress lost and accelerate DR-TB case finding, ensuring initiation and completion of appropriate treatment regimens will also need to be a priority. To help the NTP in addressing DR-TB, USAID will advocate for people-centered care models. With FY 2021 funds, USAID will focus on: full integration of DR-TB services into TB and primary healthcare facilities; rapid adoption and scale-up of the latest novel treatment regimens, including the new all-oral, shorter treatment regimens; strengthening of the active drug safety monitoring and management (aDSM) system to increase pharmacovigilance reporting and management; scaling-up of digital tools for treatment support, including piloting video directly observed therapy (VDOT); and partnering with private providers to ensure the provision of high-quality DR-TB treatment services and care.

PREVENT

Prevention

Due to ongoing COVID-19 restrictions, many TB prevention activities—including preventive measures, contact investigation, and TPT scale-up—were stalled. The NTP remains committed to making progress toward the United Nations General Assembly High-Level Meeting (UNHLM) prevention targets. With FY 2021 funds, USAID will assist the NTP in reaching prevention targets by prioritizing the following activities:

- Expanding contact investigation by helping the NTP to implement the newly developed screening algorithm to detect TB infection (TBI) through piloting and scaling-up of efficient models;
- Screening all for TBI by piloting laboratory tests to detect TBI and collaborating to support the use of the interferon gamma release assay (IGRA) to identify TBI;
- Scaling-up TPT for PLHIV and all eligible child, adolescent, and adult TB contacts, including the introduction and scale-up of shorter TPT regimens;
- Joint TB and COVID-19 preventive messaging to encourage people to seek early screening for both diseases; and
- Joint TB and COVID-19 IPC activities, including establishing a surveillance system among health workers to be integrated into national IPC guidelines.

SUSTAINABLE SYSTEMS

Commitment and sustainability

USAID and the Government of the Philippines share a strong partnership that is committed to advancing TB elimination efforts. Since the launch of USAID's Global Accelerator to End TB, USAID and the Department of Health (DOH) signed a [partnership statement](#) committing to work together to achieve the UNHLM targets. Moving forward, USAID and the NTP will work together to establish a system to discuss and monitor progress toward the commitments outlined in the partnership statement. Through embedded advisors, USAID continues to build the capacity of the DOH to effectively manage TB programs and integrate TB services into primary care. To support the decentralized health service delivery model, USAID continues to support the implementation of the UHC by ensuring the integration of TB services and support packages into local health systems. Additionally, USAID will help strengthen transparency and accountability by working with the NTP and other partners to set up a multisectoral accountability framework.

Capacity and functioning systems

USAID continues to support the NTP in ensuring availability of TB commodities by building the capacity of the NTP to manage critical components of the procurement and supply chain system, including managing commodities and working with regulatory bodies to register and approve new drugs. To ensure the collection of real-time data that can be used for decision making, USAID will continue to strengthen the integrated TB information system (ITIS) by working with partners to scale up digital tools, mobile applications, and other platforms that can be used to visualize data and summarize results. Additionally, to address the gap in available healthcare workers—exacerbated by the redirection of health workers to the COVID-19 response—USAID and partners worked to deploy temporary staff to support TB service delivery and case finding. As health workers return to TB service delivery and case finding, USAID plans to provide training on the proper management of TB and COVID-19, including through eLearning platforms. To better understand and prepare for future challenges, USAID will support the adoption of workforce indicators for staffing needs to determine the gaps in human resources for TB.