



## PHILIPPINES TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2024

This is an overview of the USAID/Philippines FY 2024 Tuberculosis (TB) Roadmap, implemented with the FY 2023 budget. The roadmap 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.

In 2022, there were 435,890 TB case notifications, a 36 percent increase compared to 2021 notifications (321,564). This number surpassed pre-COVID 2019 levels, and while this indicates recovery, the number of people notified only represents 59 percent of the estimated incidence. Also, in 2022, 76 percent of people with notified TB were tested with World Health Organization (WHO)-recommended rapid diagnostics at the time of diagnosis, and 48 percent were bacteriologically confirmed. Treatment success for drug-susceptible TB (DS-TB) was 80 percent, and the drug-resistant TB (DR-TB) treatment success rate was 79 percent.

The country's strategy for TB elimination is embodied in the Philippine Acceleration Action Plan for TB (PAAP-TB) and TB-HIV Co-financing Plan 2024-2026. The PAAP-TB serves as a blueprint for the National TB Coordinating Committee member agencies to align their TB elimination efforts with their organizational plans, policies, and programs. The strategies aim to detect asymptomatic TB cases through screening strategies using chest X-rays (CXR). Testing and diagnosis focus on expanding lab access to new diagnostics and improving the quality of diagnosis and treatment adherence. The treatment strategy delivers health services through a network integrating all TB services and adopting person-centered care. TB prevention priorities include increasing the uptake of shorter TB preventive therapy (TPT) regimens and enhancing infection prevention and control in all facilities.

The proposed FY 2023 USAID TB budget for the Philippines is \$22 million. With this level of funding, USAID will support the following technical areas:

### REACH

#### *TB diagnosis*

With FY23 funds, USAID will focus on TB Roadmap activities to continue scaling up TB case finding, TB detection and treatment coverage, and supporting the implementation of priority activities described in the PAAP-TB and the TB-HIV co-financing plan.

To catch up with the gaps in TB case finding, the mission plans the following activities in 2024:

- Implementing comprehensive screening in health facilities and high-risk settings using tools like CXR.
- Employing integrated screening and testing approaches in primary care settings, including TB and diabetes screening, malnutrition management, and substance abuse intervention.



- Expanding outreach efforts through one-stop models, utilizing mobile CXR and artificial intelligence mapping for targeted active case finding.
- Optimizing existing laboratory network and ensuring high coverage of WHO-recommended rapid diagnostic tests (RDTs) like GeneXpert and Truenat.
- Introducing new diagnostic tools for adults, children, and people living with HIV/AIDS (PLHIV), focusing on generating evidence and facilitating their expansion and institutionalization.
- Making efforts to expand sputum transport mechanisms and digital laboratory connectivity solutions to improve testing accessibility and turnaround time.

### *Engaging all care providers*

In 2024, USAID will prioritize and focus on the following activities:

- Continuing to provide support to capacitate private healthcare providers, pharmacies, workplaces, and non-NTP facilities to improve TB screening, TB testing, and mandatory notification and referrals. To increase private sector utilization of rapid bacteriologic testing, USAID will partner with private sector institutions and professional societies, expand consortium reach to increase case finding and reporting to the NTP, and improve turnaround time using digital connectivity and artificial intelligence in screening.
- Working with the Department of Health (DOH) and Local government units (LGUs) to develop incentivization schemes linked to mandatory notification.
- Working with smaller providers to expand their access to TB testing through provider networks and link them to sputum transport and public laboratory testing.
- Leveraging its resources to mobilize the private sector's corporate social responsibility (CSR) in extending TB services and helping address socio-economic determinants such as the provision of nutrition packages, financial aid, and improvement of facilities.
- Strengthening regulatory policies to improve compliance with workplace health programs mandated by the DOH.
- Establishing an intermediary platform for outsourcing services, including implementing hub and spokes models in expanding TB and primary healthcare services.
- Continuing to partner with the local organization network of civil societies and organizations (CSOs) of key affected populations at the national level to strengthen their capacities to monitor standards of TB care in public and private facilities.



### *Community TB care delivery*

Community-based TB case finding and treatment approaches were implemented in the country and demonstrated results; however, the scale-up of community-based outreach and active case finding ACF activities depends on available resources. Support is needed from donors and local governments for standardizing and scaling up high-impact ACF interventions and to ensure TB services are accessible at the community level. For 2024, USAID plans to prioritize the following activities:

- **Supporting community-based activities** focusing on the local government unit (LGU) facilities, health stations, and community health workers. USAID will direct its TB projects to forge partnerships with community-based organizations (CBOs) to mobilize local financial resources for CBO-managed TB case finding and TB treatment support. Also, USAID will support the TB program to strengthen home-based and community-based care for individuals receiving DR-TB treatment.
- **Integrating social and behavior change** in affected communities to reduce stigma around TB through communication interventions; they will also create gender-responsive SBCC tools and strategies to tackle healthcare access barriers.

## **CURE**

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

In 2024, USAID will scale up the person-centered, differentiated TB service delivery models that will enhance adherence to treatment, including digital adherence solutions.

USAID will use an intermediary platform to facilitate reporting and integrate Universal Health Coverage (UHC) incentive mechanisms to improve treatment outcomes. USAID will integrate TB care with nutrition screening, assessment, and management. USAID will assist in the capacity building and institutionalization of continuous quality improvement systems for health facilities.

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

USAID considers DR-TB as one of the key technical areas, along with TB case finding and TB preventive therapy and the mission will prioritize the following interventions in 2024:

- Fully integrating DR-TB services into DS-TB and primary healthcare, ensuring all primary healthcare facilities offering DS-TB care can also support individuals with DR-TB.
- Facilitating the adoption of new DR-TB guidelines, including the WHO's new DR-TB regimen in 2024, in collaboration with the Disease Prevention and Control Bureau (DPCB).
- Strengthening Active Drug Safety Monitoring and Management (aDSM) and monitoring the implementation of new short regimens for DR-TB will be a focus, with USAID



supporting pharmacovigilance reporting, adverse drug reaction management, and procurement and delivery of drugs to DR TB service delivery points.

- Scaling up digital tools for adherence monitoring, including pillboxes, Video Observed Treatment (VOT), and telemedicine platforms, will continue in 2024 to support individuals with DR-TB, focusing on capacity development of regional e-TB for difficult cases.
- Partnering with private providers for DR-TB care will expand through integrated delivery of TB services (iDOTS) models for DR-TB treatment in private DOTS facilities facilitated by USAID, DPCB, GF, and partners.
- Establishing programmatic guidance for psychosocial support, mental health, and post-TB treatment care will be a collaborative effort between USAID, DOH, and professional societies.

## **PREVENT**

### *Prevention*

USAID will help implement the following in 2024 to meet the ambitious DOH TB prevention target:

- Expanding contact investigation by implementing the Omnibus guidelines' screening algorithm to detect TB infection. Implementing partners will work with health providers at the LGU level to increase screening of family contacts of registered individuals with TB and apply the TB infection screening algorithm for people who have been screened negative for TB disease. USAID will also scale up telecontact investigation and TB Contact Centers to create and streamline efficient models for contact investigation, building on them, resources, and lessons learned from COVID.
- Screening all TB suspects for TB Infection (TBI), contacting individuals with TB, and working with the DOH to scale up TBI screening among those screened for TB. USAID will pilot laboratory tests to detect TBI in selected high-burden sites, helping collect best practices and early experiences. USAID will also support using interferon-gamma release assays (IGRAs) to identify TB infection and eligibility for TPT in selected sites and collaborate with TB Innovations.
- Making TPT for eligible TB contacts and introducing shorter TPT regimens, and as a last step in the LTBI cascade, TB preventive therapy will be offered to close contacts of individuals with TB and those with a high risk of developing TB, such as PLHIV. USAID will also support health providers at the LGU in improving their capacities, scaling up shorter TPT options (i.e., 3HR and 3HP), and working with LGUs to improve access to required baseline laboratory testing for TPT treatment.



- Developing TB preventive messaging to be bolstered at the national and community levels to improve health-seeking behaviors. USAID will also help disseminate messages on cough etiquette, disinfection, hand hygiene, wearing of facial masks when symptomatic, and seeking early consultation for TB symptoms using various communication channels.
- Improving infection prevention and control for TB in high-risk settings. TB surveillance among health workers has been poorly implemented in the country for the past years, so TB screening among those workers will be integrated during the intensified TB case finding (ICF) activities. USAID will also continue promoting infection prevention and control (IPC) eLearning courses to strengthen the IPC practices further at service delivery points and the monitor these practices by the DOH.

## **INNOVATE**

### *Research*

In alignment with the USAID Global Health SMART4TB activity, the mission will collaborate with universities and research institutions to enhance TB diagnosis, treatment, and the following prevention tool categories:

#### **Reach:**

- Introducing stool-based Xpert MTB/Rif Ultra Assay for TB diagnosis in children aged 0-14 years in Children's hospitals in Metro Manila, Philippines.
- Utilizing Ultraportable X-rays in Geographically Isolated and Disadvantaged Areas (GIDA).
- Ongoing Knowledge, Attitude, and Practice (KAP) survey on TB screening, diagnosis, treatment, and prevention in two urban poor barangays in Cebu City, Philippines.

#### **Cure:**

- Implementing ongoing and various types of Digital Adherence Technologies (DAT) to enhance individuals' treatment adherence in iNTP sites.
- Performing mathematical modeling of TB infection and subclinical TB in the Philippines.

#### **Prevent:**

- Evaluating the feasibility, acceptance, and usage of the QIAreach QuantiFERON-TB (QFT) test for diagnosing TB infection among household contacts of bacteriologically confirmed TB clients in high TB-burden areas.



- Performing an ongoing assessment of the reliability of the “Am I TB-free?” online self-assessment tool.

### **Sustain:**

- Examining TB reportage in the Philippines to assess compliance with ethical guidelines and the impact of media engagement initiatives.
- Conducting a TB Catastrophic Cost Survey.
- Documenting enterprise models of service delivery implemented by Community-Based Organizations (CBOs).

### *Scale up of New Tools*

USAID will prioritize scaling up of piloted new tools, including conducting evidence for health technology assessment (HTA) approval of ultraportable X-ray, point-of-care rapid diagnostic tests, shorter regimens, and computer-aided detection platforms. USAID will also work with the private sector to introduce new market tools and broker product registration and licenses. To further advance molecular research and genome sequencing in the Philippines, USAID will expand support to the Philippines National Tuberculosis (TB) Reference lab to introduce the use of the tNGS technology to provide more rapid and comprehensive identification of drug-resistant TB (DR-TB) strains in the country that inform appropriate treatment regimens, contribute to drug resistance surveillance, and be used to study the transmission dynamics of DR-TB in selected sites.

## **SUSTAIN**

### *Commitment and Sustainability*

USAID will support the development of mechanisms for social protection services through the Department of Social Welfare and Development (DSWD) and Department of Labor and Employment (DOLE), especially for the marginalized labor sector, especially for workers who cannot return to work due to TB. Below are the priority support areas to help the country achieve sustainable development by strengthening financing and governance:

- Facilitating health leadership programs for local executives to advocate TB investment at UHC sites.
- Assisting key UHC reforms’ implementation in integrated health systems.
- Supporting strategic planning and program implementation at national and subnational levels, emphasizing TB concerns.
- Monitoring government financing to Global Fund (GF) and TB budget formulation.
- Strengthening committees to facilitate multi-sectoral action.



- Building CSO capacity for engaging policymakers and supporting TB programs.
- Aiding DOH in budget execution and procurement.
- Providing capacity building for DOH Regional Offices in TB control efforts.
- Assisting in expanding benefits packages for TB and addressing reimbursement bottlenecks.
- Streamlining mechanisms for accreditation and private provider certification.

### *Capacity and functioning systems*

To enhance supply chain management for TB commodities, USAID/Philippines will focus on several key priorities, including supporting the rollout of the DOH's electronic Logistics Management Information System (eLMIS) at provincial and health facility levels, customizing technical assistance packages to improve quantification, forecasting, procurement, and distribution systems, advocating for designated supply chain staff at all levels, and piloting third-party logistics solutions in selected regions. Additionally, efforts will involve collaborating with LGUs to clarify procurement responsibilities, assisting in the transition of procurement of second-line drugs (SLDs) from the GF to the DOH, and strengthening TB pharmacovigilance monitoring. Collaboration with relevant stakeholders and conducting supply chain assessments will also be integral to monitoring and addressing supply chain challenges affecting TB programs.

### *Monitoring and evaluation (M&E) and Health Management Information Systems (HMIS) [and implementation of the Performance-Based Monitoring and Evaluation Framework (PBMEF)]*

USAID will continue helping strengthen the National Coordinating Committee setting up a multisectoral accountability framework to monitor the progress of the government of Philippines (GPH), LGUs, partners, and stakeholders in implementing the Philippines Strategic TB Elimination Plan (PhilSTEP). USAID will also organize a participatory monitoring and evaluation system at the provincial and regional levels and institutionalize a continuous quality improvement process among service delivery sites.

### *Human Resources for Health (HRH)*

USAID recognizes the potential of well-rounded HRH in enhancing the quality of services and ensuring resilience. Support for building the capacity of HRH will focus on service delivery for TB and health concerns and program implementation and management; below are some of the priority areas of support for HRH:

- Supporting capacity strengthening of local health boards in the context of integrated province-wide and city-wide health systems under the UHC.



- Assisting capacity building for public finance management to support public health program implementation; supply chain cadre for better management of TB stocks, including the GF-hired staff.
- Supporting the HRH analysis and adoption of workforce indicators for staffing needs in the local government units and DOH Regional Offices and building partnerships with the academies and other relevant institutions to augment HR supplies.
- Engaging the HRH network to support the development of standards for primary care provision and enhancement of knowledge and skills on TB control.
- Enhancing DS and DR-TB care modules in the DOH Academy and strengthening field monitoring to ensure quality service delivery.
- Improving HRH knowledge and practices on AMR prevention.
- Assisting capacity building at the national and local levels for scenario and contingency planning for emergencies and disasters.
- Supporting the strengthening of LGU engagement of community-based organizations to governance and service delivery, including providing psychosocial and peer support to individuals with TB.