Private-Public Partnerships
towards Achieving TB Control in the Philippines

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### ESTIMATES OF TB BURDEN 2011, 2010

Population 2011: 96 Million

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<tr>
<th></th>
<th>Number (thousands)</th>
<th>Rate (per 100,000 population)</th>
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<tbody>
<tr>
<td></td>
<td>2011</td>
<td>2010</td>
</tr>
<tr>
<td>Mortality (excludes HIV+TB)</td>
<td>28 (25–31)</td>
<td>31</td>
</tr>
<tr>
<td>Prevalence (includes HIV+TB)</td>
<td>460 (400–520)</td>
<td>470</td>
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<tr>
<td>Incidence (includes HIV+TB)</td>
<td>260 (210–310)</td>
<td>260</td>
</tr>
<tr>
<td>Incidence (HIV+TB)</td>
<td>1.1 (0.65–1.6)</td>
<td>1</td>
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<tr>
<td>Case detection (%) (All forms)</td>
<td>76% (64–93)</td>
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WHO Global TB Reports 2011, 2012
### ESTIMATES OF MDR-TB BURDEN

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<thead>
<tr>
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<th>New</th>
<th>Retreatment</th>
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<tbody>
<tr>
<td>% of TB cases with MDR-TB</td>
<td>4 (2.9–5.5)</td>
<td>21 (14–29)</td>
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<tr>
<td>MDR-TB Cases among Notified PTB cases</td>
<td>7 700 (5 500–10 000)</td>
<td>2 900 (2 000–4 000)</td>
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*WHO Global TB Reports 2012*
National TB Control
Achievements & Successes

- 100% DOTS coverage in the public sector
- Strong public-private partnership: PhilCAT
- Sustained program targets 70/85 for 8 years
- Strong government support (TB budget increased)
- Quality DOTS services through Certification
- Partnership with national social insurance (PHIC) to sustain DOTS operations
National TB Control
Game-Changing TB Activities

• Scale-up of DOTS service delivery
  – PPMDs, MDR Treatment and Satellite Centers
• Engaging all health care providers (referral)
  – Hospitals, Workplace, Pharmacies, Laboratories
• TB services for high risk groups
  – inmates, children, urban/rural poor, elderly
• Operational researches for special high risk groups
  – TB-HIV, TB-DM
• Mobile services/rolling clinics for the marginalized
  – Remote smearing sites, LED-FM
Current Support from Government

• National Government (NTP) budget:
  - First-line TB Drugs (*adult and children*)
  - Laboratory supplies for initial diagnosis
  - Forms/Registries, IEC materials
  - Equipment (*Microscopes, Negatoscopes*)
  - Support to systems strengthening (*logistics, info*)
  - Support to facility enhancement/physical upgrade (*Health centers, hospitals, warehouses*)

• Local Government budget:
  - Provides the key Staff for NTP implementation
Collaborative Partnerships in TB Initiatives

1. **Global Fund (PHILCAT, World Vision, PBSP)** – high quality DOTS, community TB care, ACSM, PMDT (2nd line drugs, GeneXpert), E-TB info system, PPMD strategy, hospital DOTS scale-up

2. **USAID-TBLINC (PTSI)** - local governance, private sector partnership for local DOTS Referral Networks (hospitals, laboratories, workplace, pharmacies), integration in academe

3. **WHO** – technical assistance on hospital linkage, laboratory strengthening, high-risk groups, TB-DM study, MDRTB

4. **MSH** – drug management system, laboratory strengthening

5. **KOFIH** – enhanced diagnostic approaches in remote areas

6. **KOICA (Samahang Kusog Baga)** – research support to MDRTB management

7. **JATA (RIT)** - NGO linkage, urban poor approach, quality CXR
How Partnership is Making a Difference

1. Universal Access to Quality DOTS through Partnership

Coordinating Structures & PPMDs (2012):
- 1 NCC, 16 RCCs, 44 PCCs, 244 units
- 127 government, 145 private hospitals
- > 6,000 private MDs, 36M Filipinos (40%)
How Partnership is Making a Difference

2. TB Policy/Guidelines Development

2003  Comprehensive Unified Policy for TB Control in the Philippines
       PHIC Outpatient Benefit TB Package
       Certification of DOTS facilities

2004  Operational Guidelines for PPMD

2006  Guidebook on Local Coalition Building
       Philippine TB Consensus Guidelines

2010  Philippine Plan of Action to Control TB

2011  Unification of TB in Children Guidelines
How Partnership is Making a Difference

2. TB Policy/Guidelines Development

3. TB Human Resource Development
   • Technical Resource (Professional Societies)
     – Training (doctors, laboratories, referring units)
     – Modules development (incorporating ISTC)

4. TB Advocacy
   • World TB Day Commemoration
   • Annual TB Conventions

5. TB in Research
   • Pilot models for PPM DOTS
   • TB Research Agenda Setting (PTSI, PCCP, PSMID)

6. TB in the Academe
   • Integration of ISTC in Medical, Med Tech, Pharmacy curriculum (PTSI)
Evolving Concepts in Implementing DOTS

**DOTS**
- Focus on public health centers
- 100% DOTS coverage in 2002
- NTP MOP 2001

**PPMD**
- Private MDs tapped
- Focus on installing PPM DOTS, TBDC
- NTP MOP 2005
- Operation Guidelines on PPMD 2004
- RCC support

**Network**
- All health providers (MD, Pharmacy, lab)
- Referral system and networking of services
- Local coalitions
- LGU Support
- ISTC 2009

**Health facility – centered approach**
- Smear Positive Cases priority
- Plus Smear Negative Cases

**Patient-centered approach**
- All Forms of TB
## CHALLENGES

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<tr>
<th>Geographical Constraints</th>
<th>Resource Gaps</th>
<th>Human Resource</th>
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<tbody>
<tr>
<td>• Archipelago with geographically isolated and disadvantaged areas</td>
<td>• Engaging large health care institutions (public, private)</td>
<td>• Staff orientation towards patient-centered approaches (vs facility-based)</td>
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<td>• Disaster-prone selected areas (floods, etc.)</td>
<td>• Provision of second-line drugs for DRTB</td>
<td>• Fast turnover of trained staff</td>
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<td>• More patients in urban slum areas</td>
<td>• Provision of new rapid tools (Xpert, LED-FM) in large health service settings (public, private)</td>
<td>• Uneven distribution</td>
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<tr>
<td>• Mobile population</td>
<td>• Local financing: Review of PHIC benefits to cover retreatment cases</td>
<td>• Trained staff are also multi-tasking</td>
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<td>• Internally displaced persons</td>
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<td>• Manpower to monitor scale-up</td>
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<td>• EQA for additional labs</td>
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