

Workshop

Joint SEAR-WPR workshop  
to plan the accelerated  
implementation of  
new WHO TB policies

1-4  
APRIL  
2025

Hanoi,  
Viet Nam

# Philippine experience on self-assessment and planning

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# Objectives: ASCENT DR-TB Philippines

## A. Development of a roadmap for tailored technical assistance (TA) for TB

- 1 Stakeholders mapping
- 2 Self assessment – a) National and b) Facility-based
- 3 Stakeholders Workshop – presentation of Gaps and commitment of support

## B. Implementation of the TA plan

## C. Community demand generation and patient empowerment through CSO involvement

## 1

[illegible]

## 2 National and Facility Self- assessments

Sept- Oct 2024



### SELF - ASSESSMENTS

- a. NATIONAL ASSESSMENT: National TB Program, DOH
- b. FACILITY ASSESSMENTS - 10 facilities in 2 regions

**National Capital Region (5 facilities)**

**Region VII (5 facilities)**



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## 2a. National assessment (Philippines)

### Results

Standard	Benchmark	Met/ Partially met/ Not met
<b>1. Political commitment and buy-in (1/8)</b>	<i>There is evidence of political commitment for management, prevention and care of DR-TB</i>	<b>partially met</b>
<b>2. Advocacy and community engagement (2/11)</b>	<i>There is coordination on advocacy and community engagement activities at national and subnational levels</i>	<b>partially met</b>
<b>3. Drug forecasting, supply and management (2/9)</b>	<i>There is an established structure on drug forecasting, procurement and supply management</i>	<b>partially met</b>
<b>4. Diagnostic and laboratory infrastructure (6/28)</b>	<i>The national diagnostics and laboratory infrastructure aligns with up-to-date WHO recommendation on laboratory diagnostics and algorithms</i>	<b>partially met</b>
<b>5. Human resources and staffing (2/8)</b>	<i>There is a training and monitoring plan for human resource capacity building for management, prevention and care of DR-TB</i>	<b>partially met</b>
<b>5. Human resources and staffing</b>	<i>There is sufficient trained staff at the national / central level on DR-TB management</i>	<b>partially met</b>
<b>6. Treatment and care (2/13)</b>	<i>The national treatment guidelines include the latest WHO recommendations including supportive service</i>	<b>partially met</b>
<b>6. Treatment and Care</b>	<i>The national treatment guidelines contains guidance on safety monitoring, role of expert committee and comorbidity management</i>	<b>partially met</b>
<b>7. Active TB drug safety monitoring and management (2/6)</b>	<i>There is a DSM guideline or included in national clinical guide with sufficient guidance on monitoring amangement of AEs</i>	<b>partially met</b>
<b>8. Data management (Recording and reporting) 4/8</b>	<i>Quality data is available and used at various levels</i>	<b>partially met</b>
<b>9. Public-private mix (0/9)</b>	<i>National policies provide guidance for all providers including the private sector involved in diagnosis, prevention and treatment of DR-TB</i>	<b>Met</b>
<b>10. Enabling environment (people-centered care) 0/8</b>	<i>The NTP and partners deploy specific initiatives to promote a person and family centred approach in prevention and care of DR-TB</i>	<b>Met</b>
<b>11. Infection prevention and control (2/3)</b>	<i>Core components of TB IPC are implemented in the health system</i>	<b>partially met</b>

# National Assessment ("Not met")

Theme	"Not met" benchmarks
1. Political engagement and buy-in	Less than 50% coverage of budget for all components of DR-TB management, prevention, diagnosis and care <b>Only 15% is from domestic budget. (75% by Global Fund). Phil is approaching the Upper middle income country bracket. Seriously plan to increase domestic financing for DR-TB</b>
2. Advocacy and community engagement	CSOs involved in planning for DR-TB services in Subnational level. Program offers ongoing support or programming for TB survivors after they have successfully completed DR-TB treatment. <b>Consider social contracting of CSOs by local government units.</b>
3. Drug forecasting, procurement and supply management	Mechanism to phase out remaining stock of legacy drugs. <b>Document a process of phasing out legacy drugs, e.g.. donation to hospitals or other countries.</b>
4. Diagnostics & laboratory infrastructure	High capacity throughput molecular diagnostics instruments available at the central and regional laboratories, IGRA All functional diagnostic instruments have an error rate $\leq 5\%$ . <b>69%</b> Access to DST: only 2 for Bdq and Linezolid, NTRL only for Dlm and Cfz (research). Stool testing not yet programmatically available. <b>Prioritize for funding</b>



# National Assessment (“Not met”)

Theme	“Not met” benchmarks
5. Human resources and staffing	Latest guidelines on DRTB is still ongoing dissemination and training to frontline workers. <b>Expansion of mentorship.</b>
6. Treatment and Care	Inadequate contact investigation, TPT for DRTB contacts not yet being implemented. <b>WHO guidelines for DR TPT was Sept 2024.</b>
7. Active TB drugs safety monitoring and management (aDSM)	Not regular reporting and causality assessment. <b>Explore alternatives to PiVIMS.</b>
8. Data management (Recording and reporting)	ITIS does not capture reports on AESI and SAE; laboratory connectivity not programmatically implemented.
11. Infection prevention and control	CSO involvement in TB IPC within community engagement activities.

# Validation meetings of national and facility assessments



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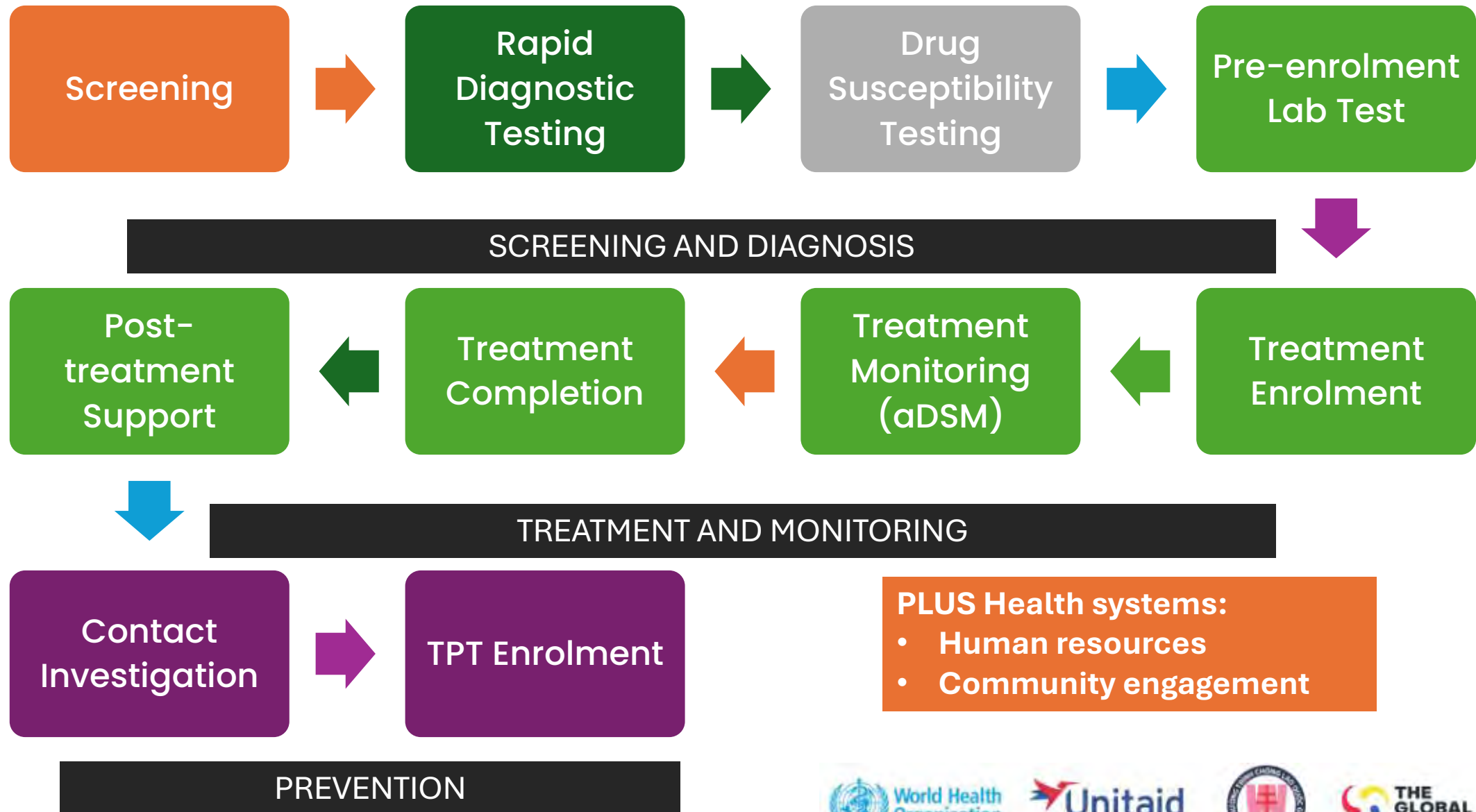


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## 2b. Facility assessment - Gaps in the service delivery



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## 2b. Facility assessment - Gaps in the service delivery

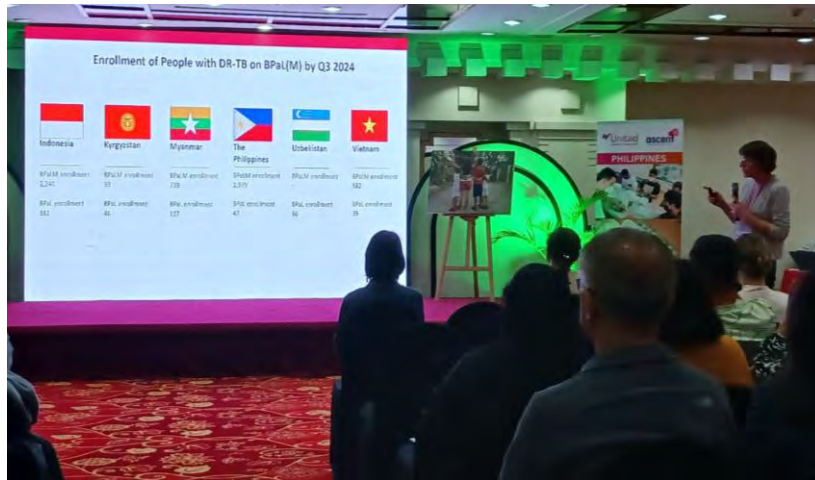
	Cascade of Care	Gaps and Challenges	Recommendations
<b>Rapid Test</b>	<b>Cascade of Care</b>	<b>Gaps and Challenges</b>	<b>Recommendations</b>
	<b>Contact Investigation and TB Preventive Treatment (TPT)</b>	<ul style="list-style-type: none"> <li>Lack of technical buy-in from medical professionals; low priority in some facilities</li> <li>Supply of meds for TPT not steady in some facilities</li> <li>Recommended TPT for DR-TB not yet implemented</li> </ul>	<ul style="list-style-type: none"> <li>➤ Strengthen advocacy through champions</li> <li>➤ Strengthen health education</li> <li>➤ Timely requisition</li> <li>➤ Create a venue in DPCB to discuss new technologies for more rapid uptake.</li> </ul>
	<b>Infection control</b>	<ul style="list-style-type: none"> <li>Shortage of PPEs</li> </ul>	<ul style="list-style-type: none"> <li>➤ Include in LGU support</li> </ul>
		patients leading to undetected LTFU)	adherence
		Fictitious address of patients	
		(TB MAC)	

### 3 Stakeholders Workshop (Nov 2024)

Workshop	Focus
Workshop A	Identifying priority challenges and TA needs End product: TA Roadmap (of the NTP NSP 2025-2030)
Workshop B	Updating of stakeholders' institutional profiles and TB-related work
	Identification of the TA needs that Stakeholders can deliver between 2025 to 2030
Workshop C	Review and enhance the draft TA Roadmap



# Stakeholders Workshop



Overview of ASCENT DR-TB



Facilitated discussion



Group A: Screening and testing

Group B: Treatment



Group C: Prevention



# TA Roadmap with Commitment of support

Cascade Gap Solution TA need					Stakeholders																		
TB SD Cascade	Challenges	Strategic Solution	Illustrative TA/Support Needs	TA Level	ACHIEVE	AIHO	AMHOP	ASOG	CDC Phil	Cullon	DepEd	DILG	DOLE	DSWD	GDF	ICH	KNCV	LLP	MSF	Odo Vita	PASTB	PBSP	PTSI
TB Testing & Diagnosis	Limited access to RDTs	Optimization of diagnostic network at local levels	Capacity building to assess local diagnostic networks	L													P						
TB Testing & Diagnosis	Limited access to RDTs	Optimization of diagnostic network at local levels	Advocacy, communication and health promotion to generate demand	NRL			P			P			P	P							P		
TB Testing & Diagnosis	Limited access to RDTs	Fast-tracked adoption of diagnostic innovations	HTA and FDA approval of new diagnostic technologies	N												P							
TB Testing & Diagnosis	Limited access to RDTs	Fast-tracked adoption of diagnostic innovations	Capacity building to assess local diagnostic networks	L																		C	
TB Testing & Diagnosis	Limited access to RDTs	Improve Access to DST Services																					
TB Testing & Diagnosis	Low notification among the private sector	Strengthen mandatory TB case notification	Local level provider mapping and linking to HCPN (linking radiologists to HCPN)	L			P										P	P				C	
TB Testing & Diagnosis	Low notification among the private sector	Strengthen mandatory TB case notification	Advocacy to cascade MN IRR thru medical societies	NL						P												C	
			Increase testing capacity for new drugs (DST/MGIT)	NR														C					
			Expansion of MGIT/DST laboratories (engage private labs)	NRL														C					
			Logistics support for laboratory supplies and commodities (MGIT, DST)	NR											P								
			Warranty extension of existing machines (genexpert)	N													P					P	
			Policy for preventive maintenance of genexpert machines (and other RDT machines)	N													P						
	Access of private sector to DRTB testing		Financing mechanism for the private sector	N																		C	
			mechanism to engage private sector for DST (Question: Is this Xpert?)	N													P	P				C	
			Explore other DST tests (TNGS, etc)	N														P				C	
			Licensing of molecular laboratories (HFSRB)	N																			
			HTA for lab test supplies	N																			
			Mandate cxx reporting through FDA LTO	N																			

SD-Screen/TestSD-TreatmentSD-PreventionHSS

SD-Screen/Test SD-Treatment SD-Prevention HSS

Screening, testing Treatment Prevention HSS





# Summary of TA Requests

Cascade Areas	( + ) Provider ( + ) Commitment	( + ) Provider ( - ) Commitment	( - ) Provider ( - ) Commitment	TOTAL
Screening/ Testing	27	3	10	40 (29%)
Treatment	14	0	1	15 (11%)
Prevention	12	1	0	13 (7%)
HSS	44	16	10	70 (51%)
TOTAL	98 (71%)	20 (14%)	21 (15%)	138

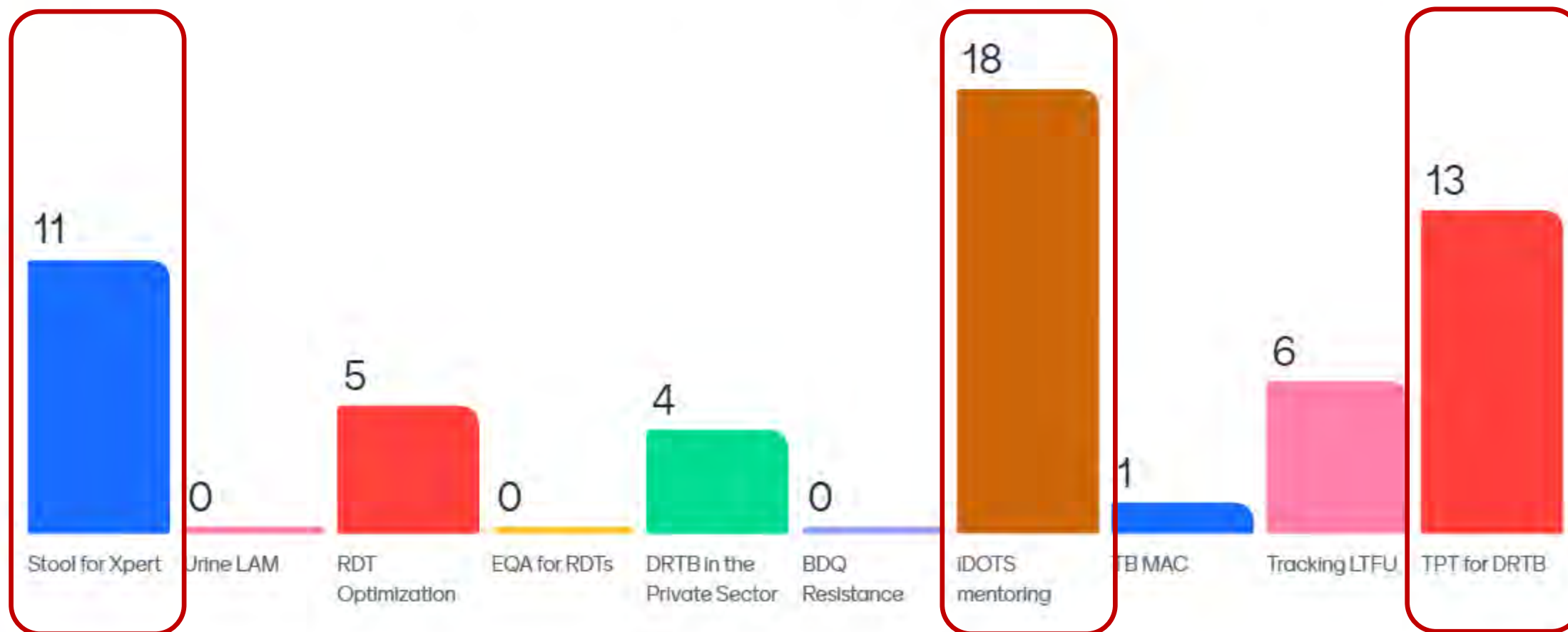
**Note: For further consolidation of similar/related TA interventions.**



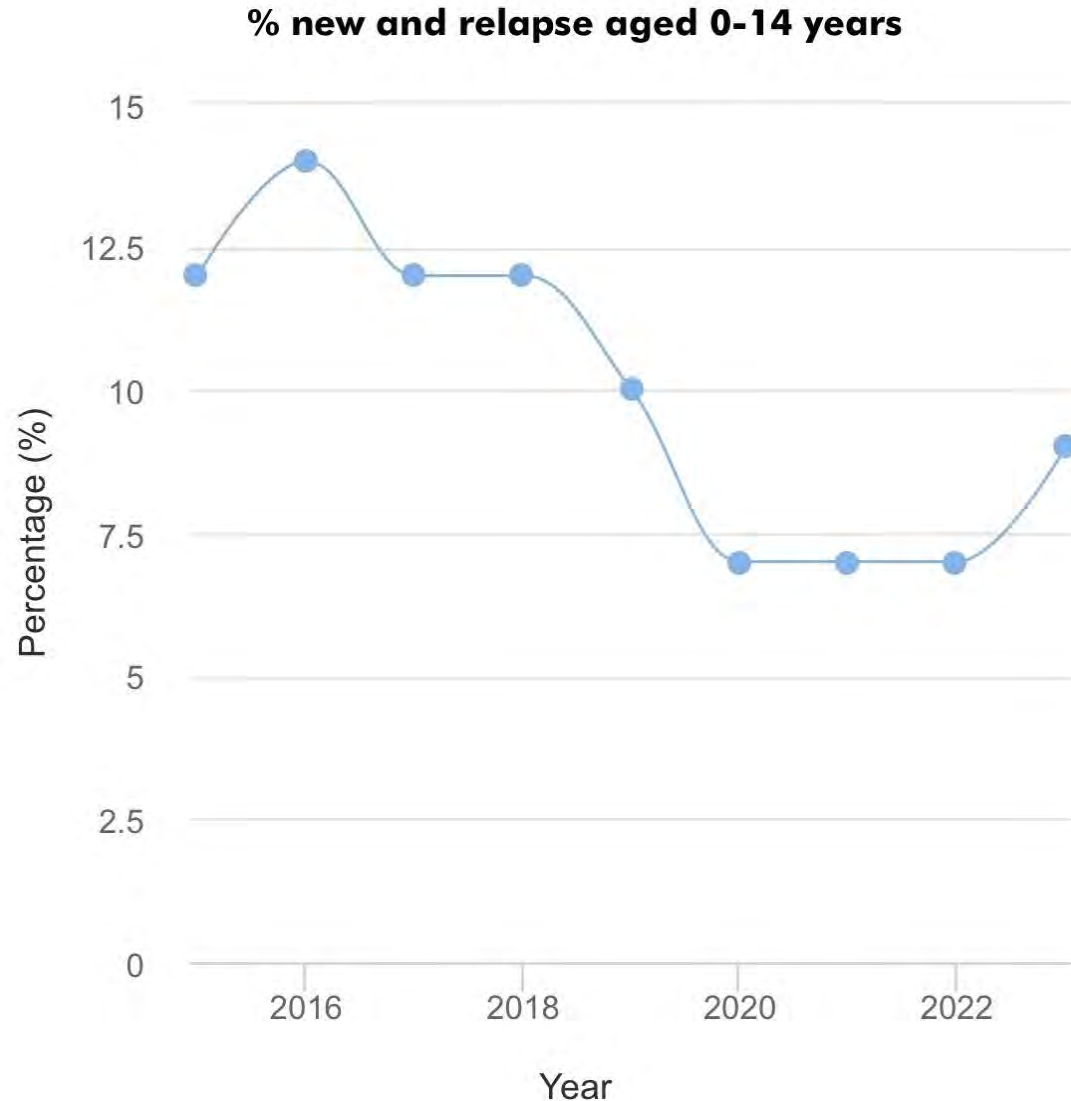
# What TA needs are focused on DR-TB care and support?

1. Scale up stool Xpert for children
2. Optimizing use of RDTs
3. EQA for RDTs
4. Policy for preventive maintenance of RDTs
5. Expand DRTB service delivery in the private sector
6. Transition planning for shorter DRTB regimen
7. Address Bedaquiline resistance
8. Develop PHIC MDR-TB Package
9. Capacity building (training, monitoring and coaching) for iDOTS facilities
10. Strengthening of TB Medical Advisory Committee
11. Develop tracking system for lost patients
12. Develop local guidelines for DR TPT

If we get USD 300k, what TA for DRTB should be funded in 2025?



# Stool Xpert for children



Global TB Report 2024

## Status:

- NTRL Modular training based on KNCV SOS Stool Box in all 17 regions (90)
- Draft of Stool Testing policy by Xpert (laboratory)
- Technical assistance needed for drafting Implementation Policy and algorithm for roll out including monitoring and supervision



# TPT regimens in the Philippines

Year	3HP	3HR	4R	6H
2015	--	--	--	6,337
2016	--	--	--	2,777
2017	--	--	--	6,473
2018	--	--	--	5,409
2019	--	--	--	5,821
2020	--	--	--	3,057
2021	--	--	--	9,070
2022	6,690	11,076	109	16,208
2023	4,492	26,551	277	18,903
2024	24,782	25,646	304	22,829

Technical assistance needed for drafting the policy for TPT for MDR/RR-TB

Fq-resistance: 3-5%

Note: Provisional accomplishment for 2024 cohort

Source of data: DOH Disease Prevention and Control Bureau - HIV/AIDS and TB Prevention and Control Division; R. Fabella.

Contact Investigation: Country Strategy and Policy; TBCI Advisory Group Meeting, September 29, 2022

# Summary

- The **Stakeholders Mapping** allowed the NTP to have an updated reference of partners, what they do and what they can contribute
- The **National Self-assessment tool** guided the NTP to identify strengths and gaps in the terms of benchmarks in TB care.
- The **Facility Self-assessment tool** guided the facilities to identify strengths and gaps in the cascade of care in TB service delivery
- The **identified gaps** guided the NTP and Stakeholders to come up with a **TA Roadmap** to be used for the **National Strategic Plan 2025-2030**
- **Next steps:**
  - Discuss possible changes in the priorities given recent external funding cuts
  - Consider an extended timeline for the project implementation.

# Stakeholders Workshop



**Developing the Philippine NTP NSP 2025-2030 Technical Assistance Roadmap**  
**November 4-6, 2024 | Heritage Hotel Manila**



# Thank you!

National TB Program, DPCB, DOH, Philippines  
Regions especially the National Capital Region and  
Region VII  
10 iDOTS facilities

All partners and stakeholders

