

# The NATIONAL **TUBERCULOSIS** CONTROL PROGRAM in the **N**ational **C**apital **R**egion



Department of Health– National Capital Regional Office

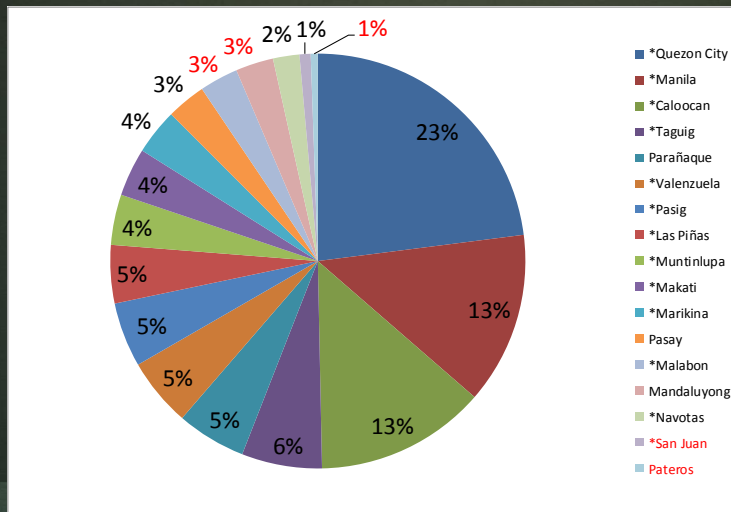
## Outline

- Demographics
- Magnitude of the Problem
- Accomplishments
- Best Practices
- Challenges





## Proportion of population per city/municipality, 2014 (n=12,226,000)

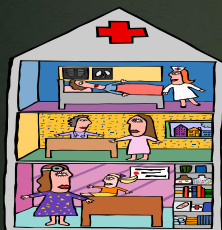


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## NUMBER & RATIO OF HEALTH FACILITIES National Capital Region, 2014



HEALTH CENTERS – 465  
LIC – 38  
SHS – 15  
H.C./POP. RATIO - 1:26,292



TERTIARY  
SECONDARY  
PRIMARY  
INFIRMARY  
TOTAL

HOSPITALS		
Gov't.	Pvt.	Total
26	34	60
8	16	24
13	57	70
3	26	29
50	133	183

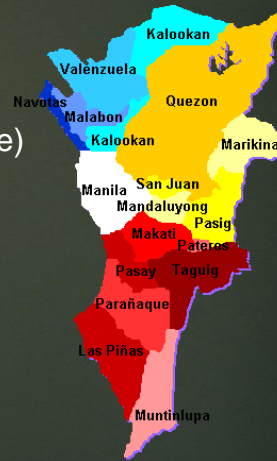
AUTHORIZED BEDS – 28,817  
GOV'T. – 16,609 PRIVATE – 12,208  
BED POPULATION RATIO – 1:419



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## DOTS Service Providers

- 465** Health Centers/Treatment Sites
- 185** Microscopy Centers (public & private)
- 17** QA Centers (1/LGU)
- 61** Hospitals
- 24** Jails/prisons
- 10** NGO clinics



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## MDRTB Service Providers

Treatment Center (TC) (5)	Satellite TC (9)	Culture Centers (4)	Treatment Sites
KASAKA-QI, QC	Batasan Super HC, QC	NTRL	All HCs,
LCP-PMO, QC	Grace Park HC, Caloocan	LCP	10 NGO
PTSI-Tayuman, Manila	Tondo Foreshore HC, Mla.	PTSI-QI	clinics
SLH, Manila	Gat Andres Hosp., Mla	PGH	
DJNRMH, Caloocan	Lacson HC, Mla.		
	Lagrosa HC, Pasay		
	Moonwalk HC, Paranaque		
	QC Jail		
	NBP Hosp., Muntinlupa		



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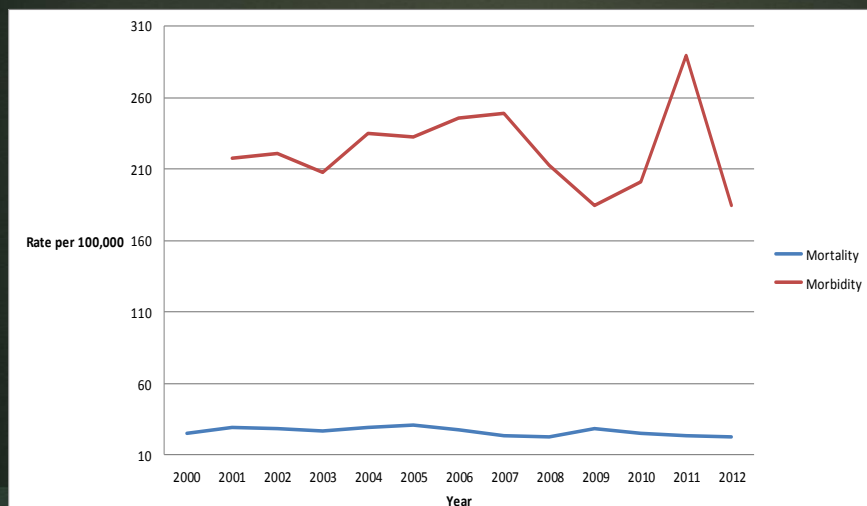
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## The Problem

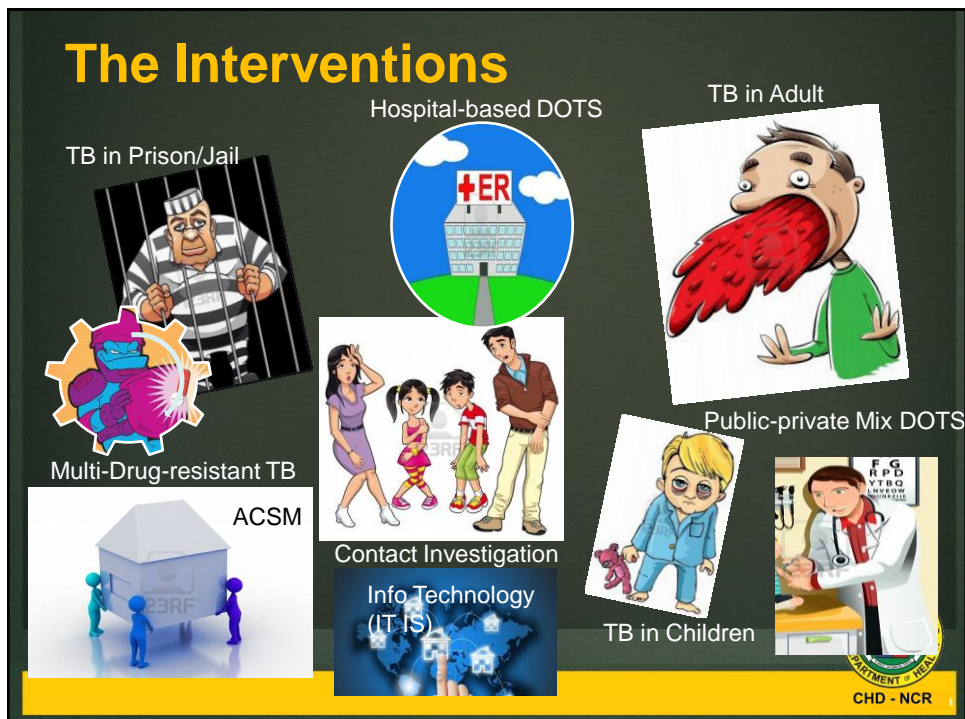
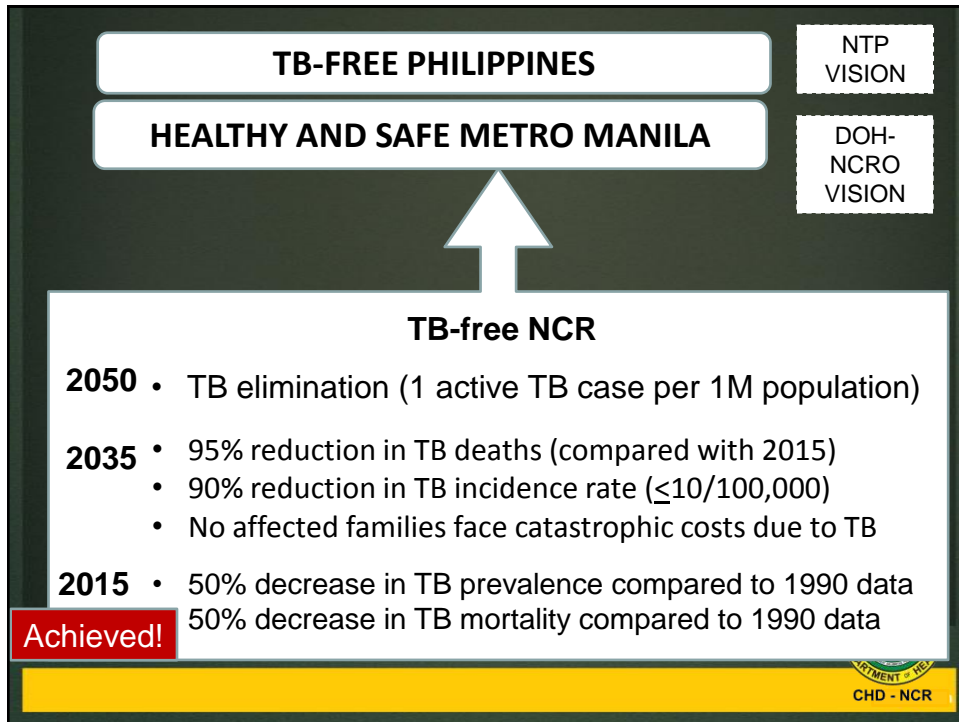
- TB is 6<sup>th</sup> in mortality and 8<sup>th</sup> in morbidity (as of 2011)
  - 39.9% urban poor population
  - Non-DOTS practicing private physicians/facilities



***TB Morbidity & Mortality Rate / 100,000,***  
National Capital Region, 2000-2012



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## Interventions and Partners

FOCUS	PARTNERS	IMPLEMENTATION SITES
LGU Strengthening	IMPACT project (USAID) - project ongoing	Quezon City Caloocan Pasay City Valenzuela Mandaluyong City Makati City Marikina City Malabon City Las Pinas City
Advocacy, Communication and Social Mobilization (ACSM)	World Vision Development Foundation, Inc. (Global Fund) -project ended in 2013	Quezon City Caloocan City Pasay City Paranaque City Mandaluyong City Makati City Marikina City Malabon City Las Pinas City

## PARTNERS AND PROGRAMS

FOCUS	PARTNERS	STATUS OF IMPLEMENTATION
Programmatic Management of Drug-resistant TB	Lung Center of the Philippines	Regionwide
TB in Prisons	BJMP, BuCor ICRC	Regionwide
TB in Urban Poor	RIT/JATA -will end by June 2014	Quezon City Manila
Pharmacy DOTS Initiative		Quezon City and other IMPACT sites
TB in the Workplace		AMKOR; PEPSI- Muntinlupa SM Group of Companies Honda, Caloocan Siomai House, Caloocan

# DOH-NCRO's Technical Assistance

## 1. Capacity Building

**a. Conduct of Trainings** for physicians, nurses, medical technologists and treatment partners

**b. Provision of Logistics**

- Anti-TB drugs for adult and children (FLD & SLD)
- Laboratory supplies: reagents, immersion oil, sputum cups, glass slides, x-ray films, microscopes
- Equipment: GeneXpert machines, LED microscopes

## 2. Monitoring and Evaluation

## 3. Certification and Accreditation

## 4. Research



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# NTP Budget

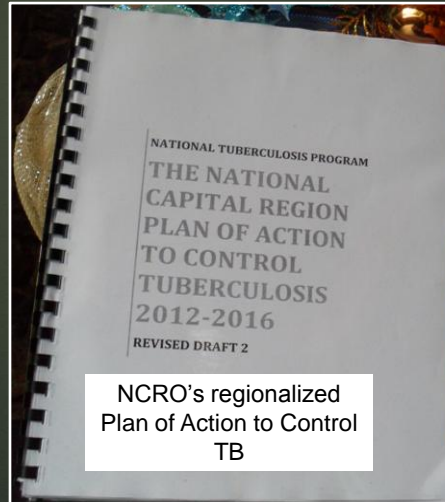
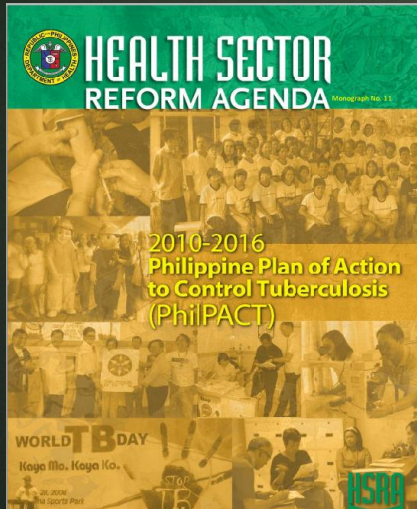
Year	2014	2013	2012
Php	32M	23M	43M



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# The Road Map and Status



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Objectives	Strategies	Performance Targets
1. Reduce local variation in TB control program performance ( <b>Governance</b> )	1. Localize implementation of TB control	5 indicators
	2. Monitor health system performance	3 indicators
2. Scale-up and sustain coverage of DOTS implementation ( <b>Service Delivery</b> )	3. Engage both public and private health care providers	4 indicators
	4. Promote and strengthen positive behavior of communities	3 indicators
	5. Address MDRTB, TB-HIV and needs of vulnerable populations	5 indicators
3. Ensure provision of quality TB services ( <b>Regulation</b> )	6. Regulate and make available quality TB diagnostic tests & drugs	4 indicators
	7. Certify and accredit TB care providers	3 indicators
4. Reduce out-of-pocket expenses related to TB care financing ( <b>Financing</b> )	8. Secure adequate funding & improve allocation & efficiency of fund utilization	3 indicators
<b>4 OBJECTIVES</b>	<b>8 STRATEGIES</b>	<b>30 PERFORMANCE TARGETS</b>

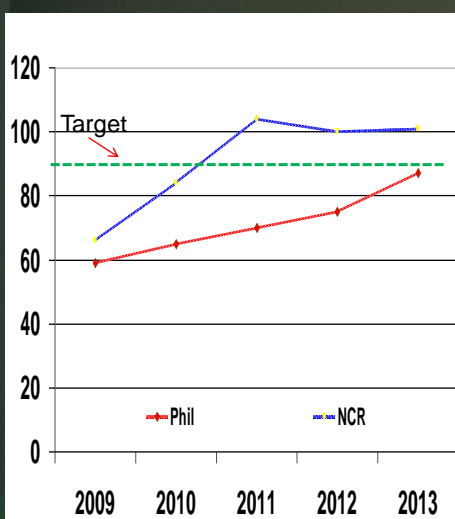
# STRATEGY 1

Indicator	# and %, 2013
# of LGUs with clear TB control plan	17 / 17 (100%)
# of LGUs that are DOTS-compliant	17 / 17 (100%)
# of LGUs that have achieved NTP targets (CDR and TSR)	6 / 17 (35%)
# of Public-private coordinating body on TB Control at LGU level established and sustained (PCC / MSA)	5 / 17 (29%)

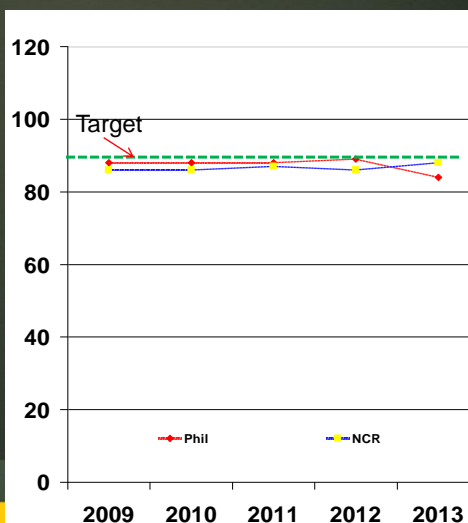


## CDR and TSR, Phil. vs. NCR, 2009-2013

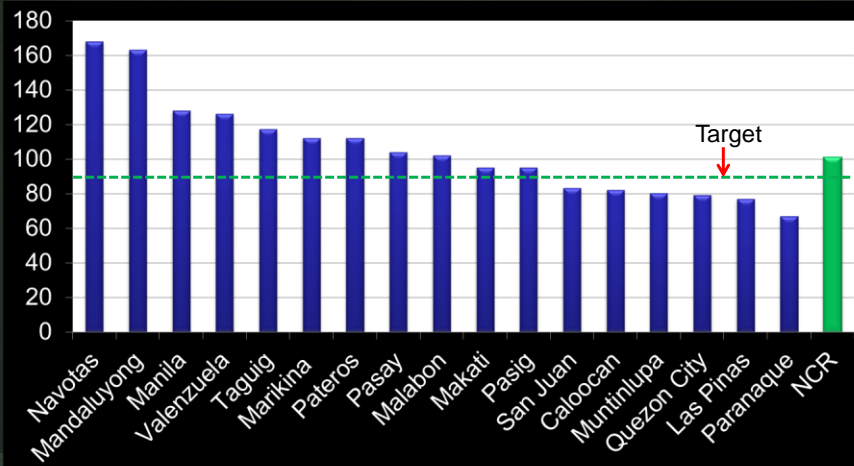
Case Detection Rate, All Forms



Treatment Success Rate



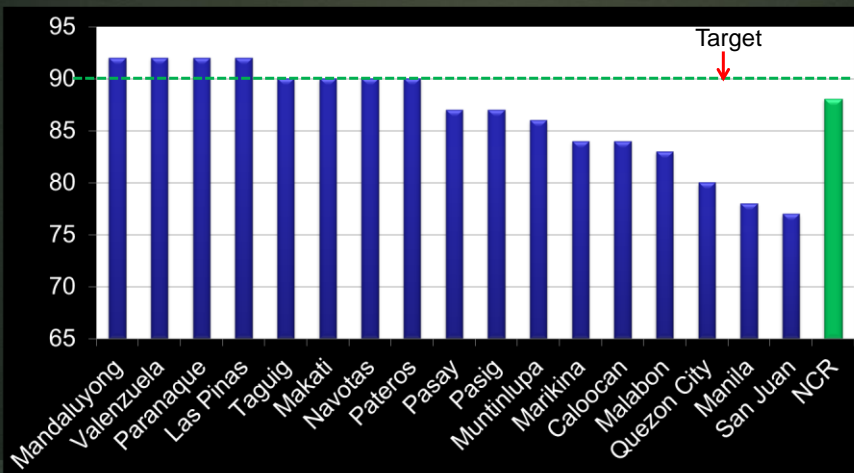
## Case Detection Rate, 2013 All Forms Per LGU



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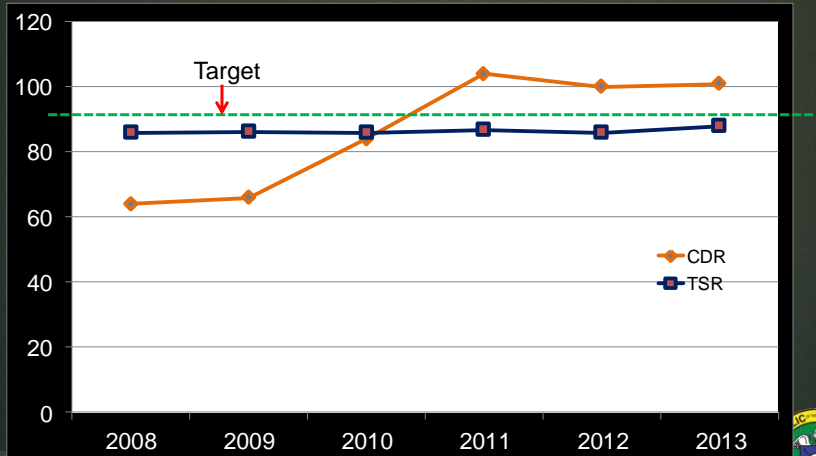
## Treatment Success Rate, 2013 Cohort Per LGU



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## CDR and TSR, NCR, 2009-2013



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## STRATEGY 2

Indicator	# and %, 2013
# of LGUs that have submitted final quarterly 2013 reports	17 / 17 (100%)



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### STRATEGY 3

Indicator	# and %, 2013
# of LGUs with functional public-private collaboration/referral system	17 / 17 (100%)
# of public hospitals participating in TB Control (as DOTS provider or referring center)	15 /15 LGUs with public hospitals (100%) ----- 35 / 18 facilities, cumulative (194%)
# of private hospitals participating in TB Control (as DOTS provider or referring center)	10 / 14 LGUs with private hospitals (71%) ----- 26 / 36 facilities, cumulative (72%)

### STRATEGY 4

Indicator	# and %, 2013
# of municipality and cities with less than or equal to 5% defaulter rate	12 / 17 (71%)
No. of barangays with organized CBOs participating in TB Control and that are linked with DOTS facilities	345 / 307 (112%)



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## STRATEGY 5

Indicator	# and %
# of MDR-TB cases detected and provided with quality assured second-line anti-TB drugs	596 DRTB (471 MDR-TB & GX)
MDR-TB Treatment Success Rate (2010 cohort)	36%
# of registered TB cases tested for HIV	5,034
# of DOTS facilities implementing childhood TB	465 / 465 (100%) health centers 484 including other facilities
# of jails/prisons implementing TB DOTS	24 / 24 (100%)
# of areas (municipalities / cities) with TB activities or IPs	17 / 17 (100%)

## Programmatic Management of Drug-resistant TB

Enrolled DRTB	2010	2011	2012	2013
Phil.	870	2,569	2,054	
NCR	583 (67%)	1,597 (62%)	1,054 (51%)	596



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## STRATEGY 6

Indicator	# and %
# of microscopy centers with $\geq 90\%$ EQA results	185 / 134 (138%)
# of microscopy centers including hospitals within the NTP network	185
# of LGUs <b>without</b> stock outs of Category I and III	17 / 17 (100%)
# of LGUs <b>without</b> stock outs of TB kits for children	0 / 17
# of LGUs <b>without</b> stock outs of Category II	0 / 17



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## STRATEGY 7

Indicator	# and %
# of DOTS facilities that are DOH/PhilCAT certified and PhilHealth accredited	23 / 144 (16%) *158 DOTS Certified
# of DOTS facilities that have availed PhilHealth package	17 / 23 (74%)
# of DOTS facilities with written infection control plan	415 / 465 (89%)



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## PhilPACT Beneficiaries

Indicator	Accomplishment/ Target (%)			
	2010	2011	2012	2013
No. provided with DSSM	81, 305	99,126	106,815	118,465
No. of All Forms of TB	26,757 / 31, 768 (84%)	33,852 / 32,503 (104%)	33,023 / 32,883 (100%)	31,923 / 31,687 (101%)
No. of TB child case/ IPT w/ treatment	417	1,677	1,543	1,112
No. of DR-TB (MDR-TB)	724 DRTB	1,519 DRTB	688 / 600 (115%) MDR-TB ; 832 DRTB	471 / 650 (72%) MDR-TB; 596 DRTB
TB/HIV	C- 2,031 T- 1,634 R- 2	C- 6,213 T- 3,917 R- 9	C- 9,166 T- 5,588 R- 15	C- 10,401 T- 5,034 R- 37 HIV(+)- 26



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## Best Practices

- Creation of **2012-2016 NCR- Plan of Action to Control TB** together with the 17 LGUs and partners
- Open feedback mechanism
- **Manuel L. Quezon Awards** for Outstanding LGU and partners
- Good relationship with LGUs and partners
- Counterparting



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## CHALLENGES

- Sustaining the gains of NTP implementation
- Implementation of Integrated TB Information System (ITIS)
- Localization of MDR-TB management
- Interest in DOTS Certification and Accreditation
- Access to PhilHealth TB-OPB Package
- Manpower complement
- Health seeking behavior



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**THANK YOU!**

**STOP**

**TUBERCULOSIS**

**do+T**

**THE WAY!**

*Directly Observed Treatment Short-Course*