

Cities Combating Tuberculosis (CCTB)

BACKGROUND

The League of Cities of the Philippines is implementing a three – year project that aims to help enable cities become effective partners of the national government in addressing Tuberculosis.

Entitled: Cities Combating Tuberculosis (CCTB), the Project is a key component of the Innovations and Multisectoral Partnerships to Achieve Control of Tuberculosis (IMPACT) Project.

BACKGROUND

The IMPACT is a five – year project funded by the Agency for International Development (USAID), and managed by the Philippine Business for Social Progress (PBSP) to support the 2010 – 1016 Philippine Plan of Action to Control Tuberculosis (PhilPACT) spearheaded by the Department of Health (DOH).

The PhilPACT engages both public and private sectors at the national and local levels to detect and successfully treat TB cases.

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BACKGROUND

The PhilPACT calls for the localization of TB control programs, and highlights the roles of LGUs as the main drivers, at the local level, of TB control program implementation in accordance with their mandate from the Local Government Code of 1992 to promote the general welfare and provide for health services (Section 17).

The project sites are those that are identified by the Department of Health (DOH) as priority areas, i.e. having low detection and low cure rates.

CITY	POLICY INITIATIVES	TB DOTS	REMARKS
Caloocan	Ordinance (YES) MSA (YES) With P1M allocation but no IRR;	14/45 accredited	Low CDR- Low Cure Rate Need to review/ come up with new ordinance (As per CHO) Need additional health manpower for monitoring; Fast turnover of staff and low referrals

STATUS OF PARTNER NCR CITIES

CITY	POLICY INITIATIVES	TB DOTS	REMARKS
Las Pinas	Ordinance (None) MSA (None) In the process of identifying potential members		Low CDR-Low Cure Rate No formal engagement with private sectors. Minimal activities on information campaign

CITY	POLICY INITIATIVES	TB DOTS	REMARKS
Makati	Ordinance (NONE) MSA (Under CHO)	15/ 26 accredited	Low CDR- Low Cure Rate No policy that support TB program; Some health staff not adequately trained

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CITY	POLICY INITIATIVES	TB DOTS	REMARKS
Malabon Low CDR – High Cure Rate	Ordinance (None) MSA (None)	8/24 accredited. No claims	Lack of monitoring due to lack of manpower. Need to strengthen
			private partnerships. Minimal advocacy campaign in
			TB control

CITY	POLICY INITIATIVES	TB DOTS	REMARKS
Mandaluyong	Ordinance (NONE) MSA (Groundwork already started)		High CDR- Low Cure Rate Needs TA support on MSA formation; Need to strengthen private sectors; advocacy campaign

CITY	POLICY INITIATIVES	TB DOTS	REMARKS
Marikina	Ordinance (None) MSA (to integrate to LHB as multisectoral body)	2/17 accredited	High CDR- Low Cure Rate Quite difficult to integrate LHB as MSA

CITY	POLICY INITIATIVES	TB DOTS	REMARKS
Quezon City	With QC TB Council; City Ordinance but with no IRR yet.	45/70 are accredited.	Low CDR- High Cure Rate Health staff not adequately trained. Only few have barangay task forces.

CITY	POLICY INITIATIVES	TB DOTS	REMARKS
San Juan	Ordinance (None) MSA (None) No NGOs engaged in TB control program		Low CDR- Low Cure Rate Weak monitoring system (to observe DOTS compliance and regular tracking of NTP reports)

CITY	POLICY INITIATIVES	TB DOTS	REMARKS
Taguig City	Ordinance (None) MSA (None) Ongoing policy development workshop with the barangay captains	18/30 accredited. Does not how to file claims.	High CDR- Low Cure Rate Need to engage private practitioners; Weak monitoring system

CITY	POLICY INITIATIVES	TB DOTS	REMARKS
Valenzuela	Ordinance (YES) MSA (No TB Council but part of the Local Health Board) Passage of Ordinance (No Prescription; No Dispensing of Anti-TB Meds;	23/ 27 are accredited. Only two (2) are filing claims for PHLC reimburseme nts.	High CDR-Low Cure Rate Need additional health manpower to prioritize monitoring and supervision system;

CITY	POLICY INITIATIVES	TB DOTS	REMARKS
Valenzuela	Resolution on No Sputum, No TB Treatment) ATCA (alliance of TB Control Advocates) With City Ordinance but no IRR Yes, with NGOs engaged in TB program.		Minimal activities on health promotion on TB

STATUS OF PARTNER NCR CITIES

Common issues across NCR Cities

- 1. Inadequate staff for monitoring;
- 2. Need for technical assistance on MSA formation
- 3. Need to engage the private sector and
- 4. Advocacy / campaign promotions

OBJECTIVE

Develop, implement and monitor a project that promotes the commitments of city mayors to the TB control program in IMPACT Project sites 64 cities, including 11 in NCR)

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CCTB INTERVENTIONS

- Conduct of advocacy activities on the importance of TB prevention and control and needed LGU actions including the drafting and approval of city resolutions, ordinances and budgets
- Provision of technical assistance (e.g. participatory decisionmaking and policy-making in the Sangguniang Panglunsod, Local Health Board, City Planning and Development Council)

CCTB INTERVENTIONS

- Conduct of capacity development programs (with DOH) to enable cities to adhere to PhilPACTS's standards on DOTS
- Promotion and strengthening of public-private collaboration and multi-sectoral partnerships for TB control at the city level
- Promotion of knowledge exchanges among city governments on good practices on TB prevention and control, such as city sharing sessions

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CCTB INTERVENTIONS

 ensuring access i.e. application for and utilization of PBGs for TB control of highly urbanized cities and component cities of provinces to performance-based grants of DOH-NTP and making sure that necessary TB service delivery improvements are in place, improved, enhanced

CCTB APPROACH

- Strengthening linkages among cities, DOH, IMPACT, and other stakeholders
- Maximizing available resources (human, financial, time) for TB control by synchronizing CCTB activities with the other IMPACT components
- Close coordination with the cities through the LCEs

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THANK YOU!