

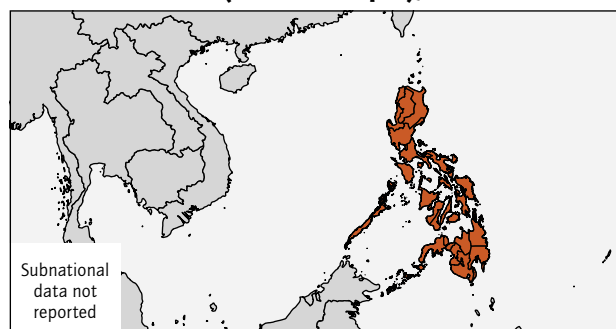
Philippines

Case detection and treatment success rates have exceeded the global targets since 2004. PPM initiatives have been further expanded, and their contribution to the national case detection rate reached 9% in 2007, with only 40% population coverage. The country is now scaling up programmatic management of drug-resistant TB to include areas beyond Metro Manila, expanding services for TB in children and addressing TB in high-risk groups including among the HIV-infected, the urban poor and the prison population. The third prevalence survey in 2007 showed a 34% decrease in bacteriologically-confirmed TB compared with the 1997 survey. The survey results will help re-estimate the burden of TB in the Philippines and improve understanding of risk factors. Government commitment is strong, and the increases in funding from domestic sources and the Global Fund grant have helped to reduce funding gaps.

SURVEILLANCE AND EPIDEMIOLOGY

Population (thousands) ^a	87 960	
Estimates of epidemiological burden, 2007^b	ALL	IN HIV+ PEOPLE
Incidence		
All forms of TB (thousands of new cases per year)	255	0.9
All forms of TB (new cases per 100 000 pop/year)	290	1.0
Rate of change in incidence rate (%), 2006–2007	-1.8	2.4
New ss+ cases (thousands of new cases per year)	115	0.3
New ss+ cases (per 100 000 pop/year)	130	0.3
HIV+ incident TB cases (% of all TB cases)	0.3	–
Prevalence		
All forms of TB (thousands of cases)	440	0.4
All forms of TB (cases per 100 000 pop)	500	0.5
2015 target for prevalence (cases per 100 000 pop)	400	–
Mortality		
All forms of TB (thousands of deaths per year)	36	0.3
All forms of TB (deaths per 100 000 pop/year)	41	0.3
2015 target for mortality (deaths per 100 000 pop/year)	44	–
Multidrug-resistant TB (MDR-TB)		
MDR-TB among all new TB cases (%)	4.0	–
MDR-TB among previously treated TB cases (%)	21	–

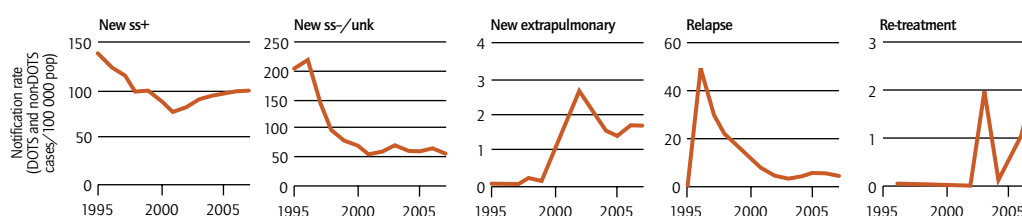
TB notification rate (new and relapse), 2007



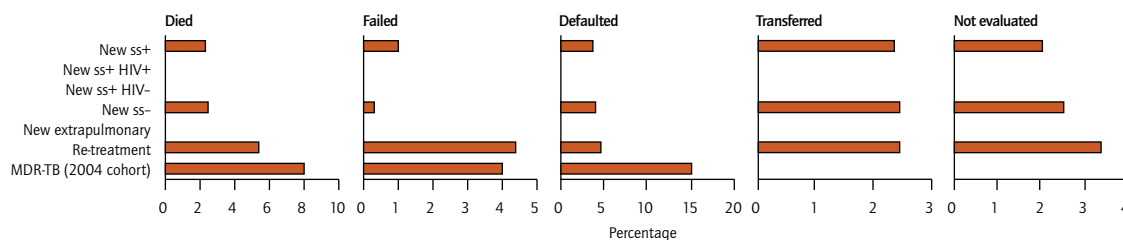
Total notifications, 2007

Notified new and relapse cases (thousands)	141
Notified new and relapse cases (per 100 000 pop/year)	160
Notified new ss+ cases (thousands)	87
Notified new ss+ cases (per 100 000 pop/year)	98
as % of new pulmonary cases	64
sex ratio (male/female)	2.4
DOTS case detection rate (% of estimated new ss+)	75
Notified new extrapulmonary cases (thousands)	1.5
as % of notified new cases	1.1
Notified new ss+ cases in children (<15 years) (thousands)	0.8
as % of notified new ss+ cases	1.0

Case notifications



Unfavourable treatment outcomes, 2006 cohorts



	2000	2001	2002	2003	2004	2005	2006	2007
DOTS coverage (%)	90	95	98	100	100	100	100	100
Notification rate (new & relapse cases/100 000 pop)	157	138	149	164	158	162	171	160
% notified new & relapse cases reported under DOTS	75	100	100	100	100	100	100	100
Notification rate (new ss+ cases/100 000 pop)	88	76	82	90	94	97	99	98
% notified new ss+ cases reported under DOTS	75	100	100	100	100	100	100	100
Case detection rate (all new cases, %)	48	40	46	52	50	52	56	54
Case detection rate (new ss+ cases, %)	59	52	57	64	69	71	75	75
Treatment success (new ss+ patients, %)	88	88	88	88	87	89	88	–
Re-treatment success (ss+ patients, %)	–	–	–	76	53	–	80	–

Note: notification, case detection and treatment success rates are for the whole country (i.e. DOTS and non-DOTS cases combined).

DOTS EXPANSION AND ENHANCEMENT

Overview of services for diagnosis of TB and treatment of patients

Description of basic management unit	Health centre
Number of units (DOTS/total), 2007	3075/3075
Location of NTP services	
Rural	Rural health unit
Urban	Health centre
NTP services part of general primary health-care network?	Yes
Location where TB diagnosed	
Rural	Rural health unit
Urban	Health centre
Diagnosis free of charge?	Yes (all suspects)
Treatment supervised?	All patients in all units
Intensive phase	Health-care worker, community member, family member
Continuation phase	Health-care worker, community member, family member
Category I regimen	2HRZE/4HR
Treatment free of charge	All patients in all units
External review missions	last: 2008 next: –

Political commitment

National strategic plan?	Yes (2006–2010)
Mechanism for national interagency coordination?	Yes (established 2003)
National Stop TB Partnership?	Yes (established 1994)

Financial indicators, 2009

(see final page for detailed presentation)	%
Government contribution to NTP budget (incl loans)	35
Government contribution to total cost TB control (incl loans)	56
Government health spending used for TB control	2.9
NTP budget funded	81

Per capita health financial indicators, 2009

	US\$
NTP budget per capita	0.2
Total costs for TB control per capita	0.4
Funding gap per capita	0.05
Government health expenditure per capita (2005)	14
Total health expenditure per capita (2005)	37

Quality-assured bacteriology

National reference laboratory?	Yes
--------------------------------	-----

All TB laboratories performing EQA of smear microscopy or DST under the supervision of the National Reference Laboratory

	Smear				Culture		DST			
	Number	per 100 000	EQA	% adeq perf	Number	per 5 000 000	Number	per 10 000 000	EQA	% adeq perf
2007	2 374	2.7	2 374	–	3	0.2	3	0.3	3.0	–
2008	2 374	2.6	2 374	–	3	0.2	3	0.3	3.0	–

Note: for routine diagnosis, there should be at least one laboratory providing smear microscopy per 100 000 population. To provide culture for diagnosis of paediatric, extra-pulmonary and ss-/HIV+ TB, as well as DST of re-treatment and failure cases, most countries will need one culture facility per 5 million population and one DST facility per 10 million population. EQA column shows number of laboratories for which EQA was done. Adeq perf; adequate performance for microscopy based on results of EQA.

System for managing drug supplies and laboratory equipment

	Central level			Peripheral level		
	2005	2006	2007	2005	2006	2007
Stock-outs of laboratory supplies?	–	No	No	–	No	No
Stock-outs of first-line anti-TB drugs?	No	No	Yes	No	No	Some units

Monitoring and evaluation system, and impact measurement

NTP publishes annual report?	Yes (since 2001)	Burden and impact assessment		last	next
% of BMUs reporting to next level in 2007		In-depth analysis of routine surveillance data	Yes	–	2008
Case-finding	–	Prevalence of disease survey	Yes, national	2007	2017
Treatment outcomes	–	Prevalence of infection survey	Yes, national	2007	2017
		Drug resistance survey	Yes, national	2004	–
		Mortality survey	No	–	–
		Analysis of vital registration data	No	–	–

MDR-TB, TB/HIV AND OTHER CHALLENGES

	2005	2006	2007
	Number (% of estimated ss+ MDR-TB)		
Estimated incidence of ss+ MDR cases	6 430	6 442	6 451
Diagnosed and notified	274 (4.3%)	403 (6.3%)	568 (8.8%)
Registered for treatment	191 (3.0%)	133 (2.1%)	313 (4.9%)
GLC	191	133	313
non-GLC	–	–	–

MDR-TB, TB/HIV AND OTHER CHALLENGES (continued)**Detection and treatment of HIV in TB patients, 2007**

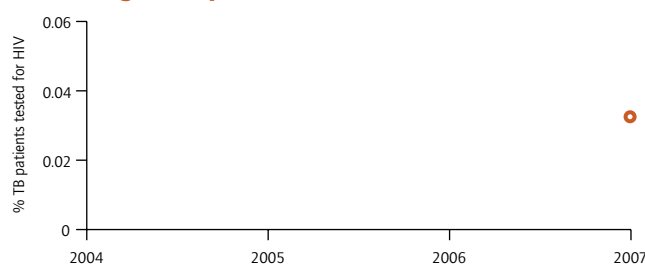
TB patients for whom the HIV test result was known	46
as % of all notified TB patients	0.03
TB patients with positive HIV test	0
as % of all estimated HIV+ TB cases	—
HIV+ TB patients started or continued on CPT	—
as % of HIV+ TB patients notified	—
HIV+ TB patients started or continued on ART	—
as % of HIV+ TB patients notified	—

Screening for TB in HIV-positive patients, 2007

HIV+ patients in HIV care or ART register	3 150
Screened for TB	—
as % of HIV+ patients in HIV care or ART register	—
Started on TB treatment	—
as % of HIV+ patients in HIV care or ART register	—
Started on IPT	—
as % of HIV+ patients without TB in HIV care or ART register	—

High-risk groups, 2007

Number of close contacts of ss+ TB patients screened	—
Number of TB cases identified among contacts	—
% of contacts with TB	—
Contacts started on IPT	—
% of contacts without TB on IPT	—

HIV testing for TB patients**CPT and ART for HIV-positive TB patients**

Data not reported

CONTRIBUTING TO HEALTH SYSTEM STRENGTHENING

The NTP has been actively engaged in improving primary health care and community outreach for better delivery of integrated TB services, including laboratory services and delivery of treatment. Successful engagement of the private sector is being scaled up nationwide, partially through the social insurance system.

Practical Approach to Lung Health (PAL), 2007

Number of health-care facilities providing PAL services	—	As % of total number of health-care facilities	—
---	---	--	---

ENGAGING ALL CARE PROVIDERS**Public-public and public-private approaches (PPM), 2007**

	Number collaborating (total number of providers)	% total notified TB	
		Diagnosed	Treated
Public sector	4 (—)	—	—
Private sector	5 237 (10 000)	8.6	—

International Standards for Tuberculosis Care (ISTC)

ISTC endorsed by professional organizations?	No
ISTC included in medical curriculum?	No

EMPOWERING PEOPLE WITH TB, AND COMMUNITIES**Advocacy, communication and social mobilization (ACSM)**

An ACSM review mission was followed by the development of a national ACSM strategy. A KAP survey conducted in 2007 included a mapping exercise which was used to identify the ACSM activities in which different partners were involved. An ACSM Working Group comprising the government, NGOs and private partners has been formed to facilitate coordination in implementing strategic activities. There are 270 patient-centered organizations or networks involved in activities to advocate TB control and implement DOTS.

Community participation in TB care and Patients' Charter

In rural health facilities where NGO support is not available, community health workers assist staff in 95% of public health facilities, visiting the homes of patients who are supported mostly by family members to ensure adequate treatment progress. Community-based support for the continuation phase of MDR-TB treatment has been available since 2006 through a joint effort between public and private services and the community. No data on use of the Patients' Charter were reported in 2008.

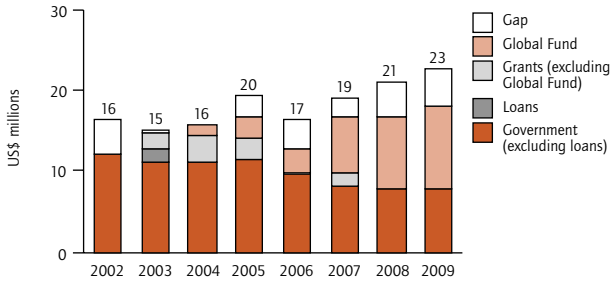
ENABLING AND PROMOTING RESEARCH**Programme-based operational research, 2007**

Operational research budget (% of NTP budget)	4.4%
---	------

FINANCING

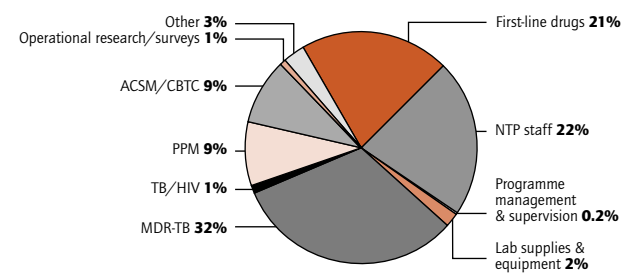
a. NTP budget by source of funding

Increased funding from the Global Fund; funding gaps remain but likely to be partially filled by the government in 2009



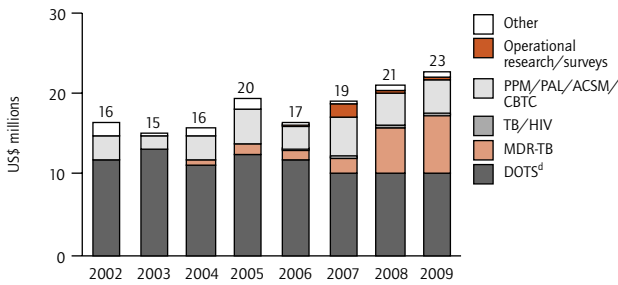
b. NTP budget line items in 2009

Largest component of budget is DOTS (45%) but share for MDR-TB (32%) is also large, especially compared with other HBCs



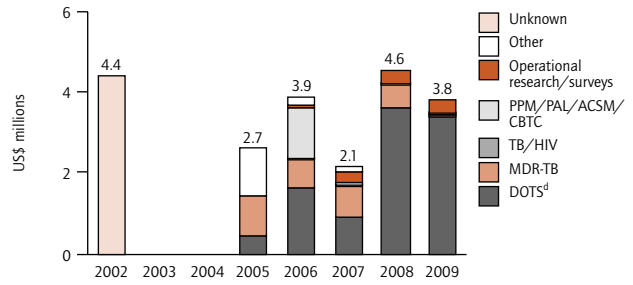
c. NTP budget by line item

Major increase in budget for management of patients with MDR-TB, with plan to treat 1000 patients in 2009



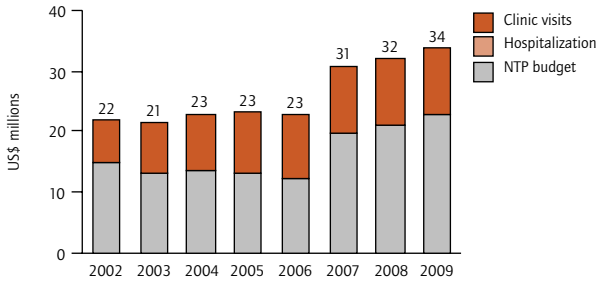
d. NTP funding gap by line item

Funding gap within DOTS mainly for dedicated NTP staff; operational research underfunded since 2007



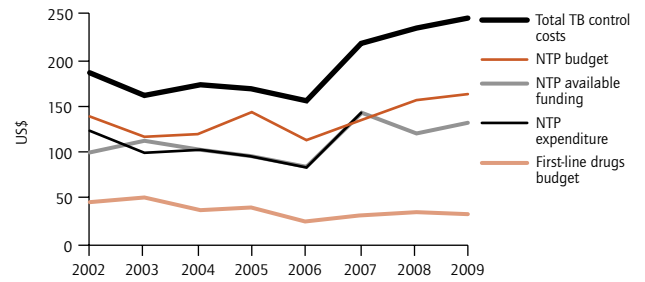
e. Total TB control costs by line item¹

Cost of clinic visits during treatment based on 120 visits per new ss+ patient and 24 visits per new ss-/extrapulmonary patient during treatment



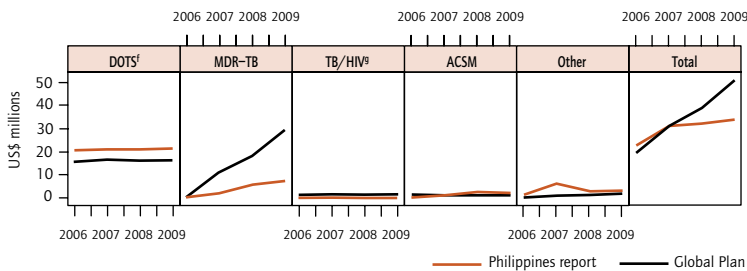
f. Per patient costs, budgets and expenditures²

Increased cost, budget and expenditure per patient since 2006, reflecting strengthening of TB control including expansion of MDR-TB treatment



g. Global Plan compared with country reports³

Country assessment of funding requirements in line with or higher than Global Plan, except for MDR-TB; despite expansion of MDR-TB treatment, numbers treated are below the targets of the Global MDR/XDR-TB Response Plan



h. NTP budget and funding gap by Stop TB Strategy component (US\$ millions)

Component	2009 BUDGET	GAP
DOTS expansion and enhancement	10	3.4
TB/HIV, MDR-TB and other challenges	7.3	0.04
Health system strengthening	0	0
Engage all care providers	2.1	0.01
People with TB, and communities	2.1	0.02
Research and surveys	0.3	0.3
Other	0.6	0

SOURCES, METHODS AND ABBREVIATIONS

^{a-g} Please see footnotes page 169.

¹ Total TB control costs for 2002-2007 are based on expenditure, whereas those for 2008-2009 are based on budgets. Estimates of the costs of clinic visits and hospitalization are WHO estimates based on data provided by the NTP and from other sources. See Methods for further details.

² NTP available funding for 2004-2007 is based on the amount of funding actually received, using retrospective data; available funding for 2002-2003 and 2008-2009 is based on prospectively reported budget data, and estimated as the total budget minus any reported funding gap.

- indicates not available or not applicable; pop, population; ss+, sputum smear-positive; ss-, sputum smear-negative pulmonary; unk, pulmonary - sputum smear not done or result unknown.