

NAST PHL in partnership with
Department of Health,
Philippine Tuberculosis Society, Inc. and
Philippine Coalition Against Tuberculosis



**Healthy
Pilipinas**



SCIENCE POLICY AND INFORMATION FORUM ON **Tuberculosis Elimination**



20 June 2022
9:00 AM – 12:00 NN



#TBFreePH



REGISTER NOW

bit.ly/TBelimination



#PilipiNAST

"A progressive Philippines anchored on science"





PHILIPPINES

POPULATION: 105 MILLION



World Health
Organization

WHO GLOBAL TB REPORT 2018

2017

581 000 FELL ILL WITH TB

408 000 males
173 000 females
71 000 children

317 266
TB cases
notified



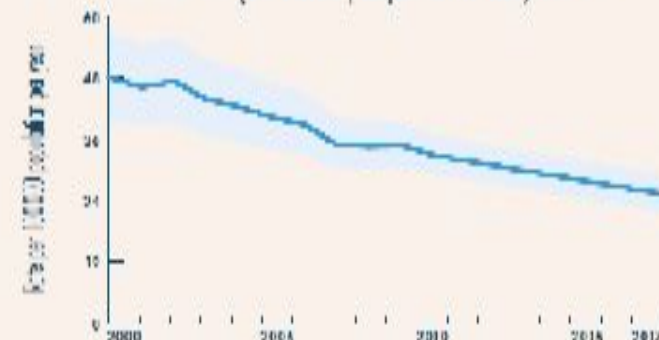
263 734
people not
notified or not
diagnosed

27 000 TB DEATHS



including 380 deaths among
people with HIV

TB MORTALITY 2000-2017
(Excludes people with HIV)



TREATMENT

TB treatment coverage



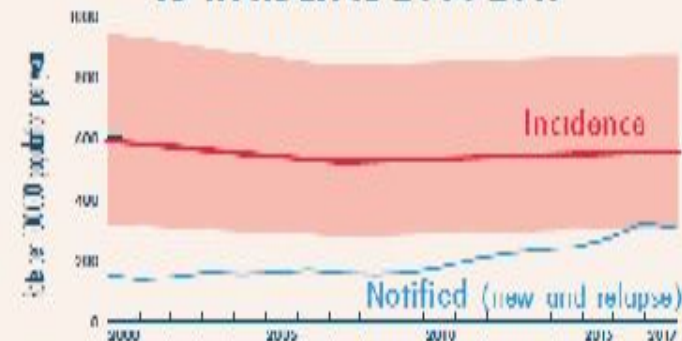
2025

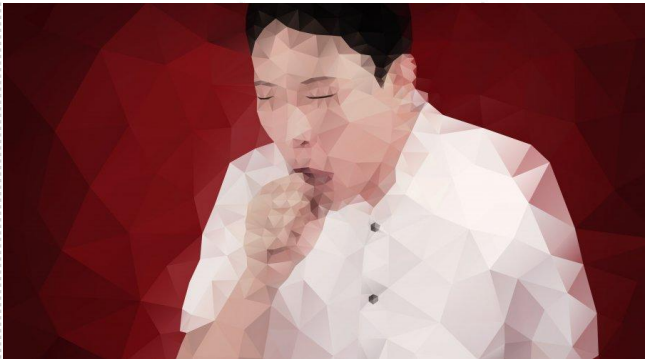
90%
End TB
operational
targets

Treatment success rate



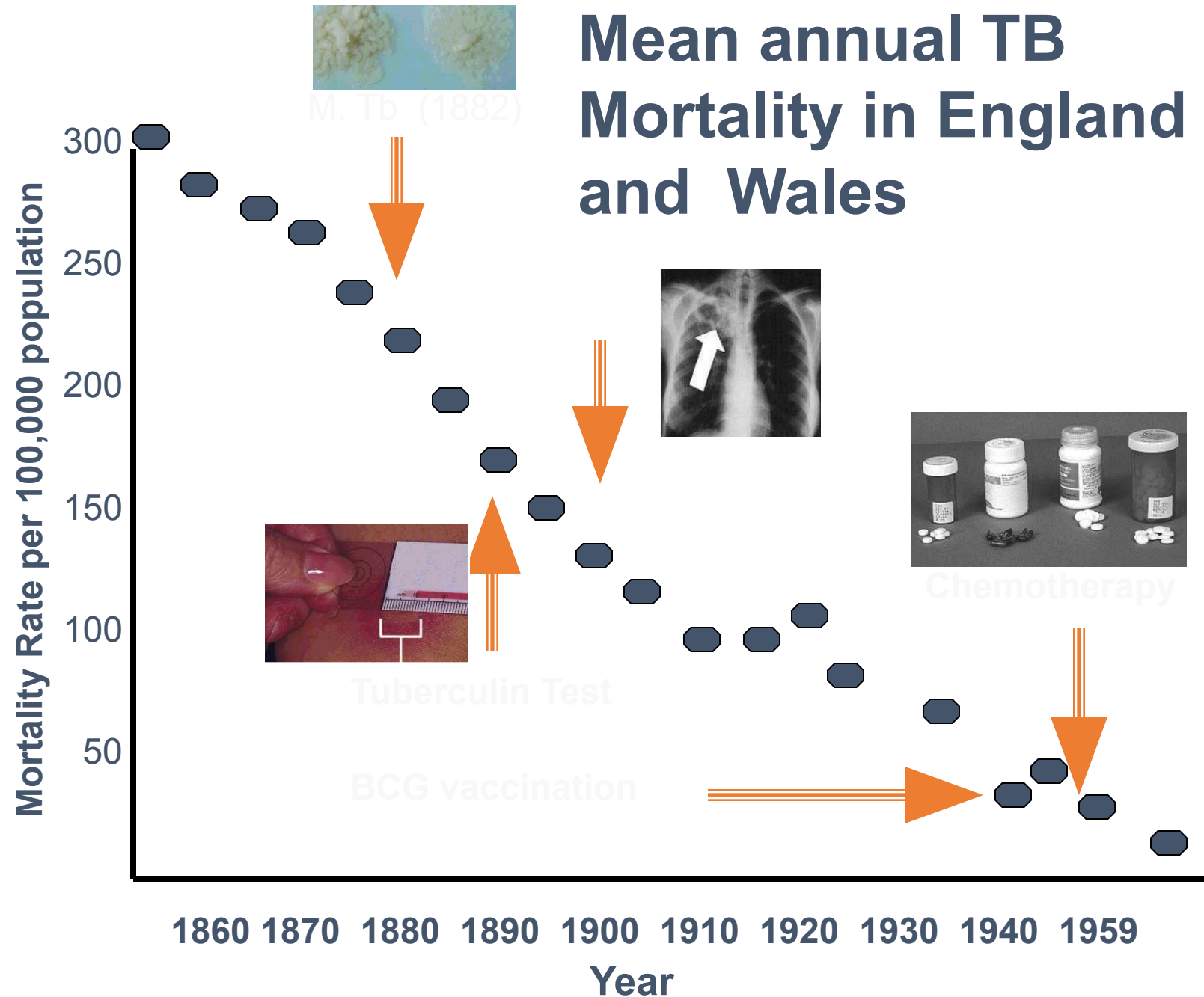
TB INCIDENCE 2000-2017





Leading causes of mortality in the Philippines in 2019, by disease *(in 1,000s)*

Mean annual TB Mortality in England and Wales



Strengthened Global Alliances

- Global Drug Facility
- Amsterdam Declaration
- Global Alliance TB DD
- Stop TB Initiative
- DOTS strategy
- WHO: global emergency

Philippine Initiatives



- TIPS
- MMC GLC DOTS-Plus
- PhilCAT-CDC C.A.
- PTSI DOTS participation
- DOH DOTS pilots
- UST TB Clinic
- PhilCAT

1990

2000

2001

2002

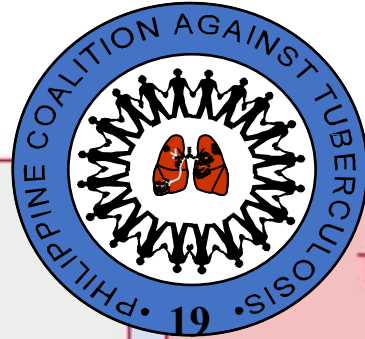
Tuberculosis Milestones: 1990 - 2003

Global Strategies Against Tuberculosis

1994–2005

The DOTS Strategy

1. Government commitment
2. Case detection through passive case finding
3. Standardised chemotherapy to all sputum smear positive TB cases under proper case management conditions
4. Establishment of a system of regular supply of anti-TB drugs
5. Establishment of a monitoring system, for programme supervision and evaluation



2006–2015

The Stop TB Strategy

1. Pursue high-quality DOTS expansion and enhancement
2. Address TB/HIV, MDR-TB and other challenges
3. Contribute to health system strengthening
4. Engage all care providers
5. Empower people with TB and communities
6. Enable and promote research



2016–2035

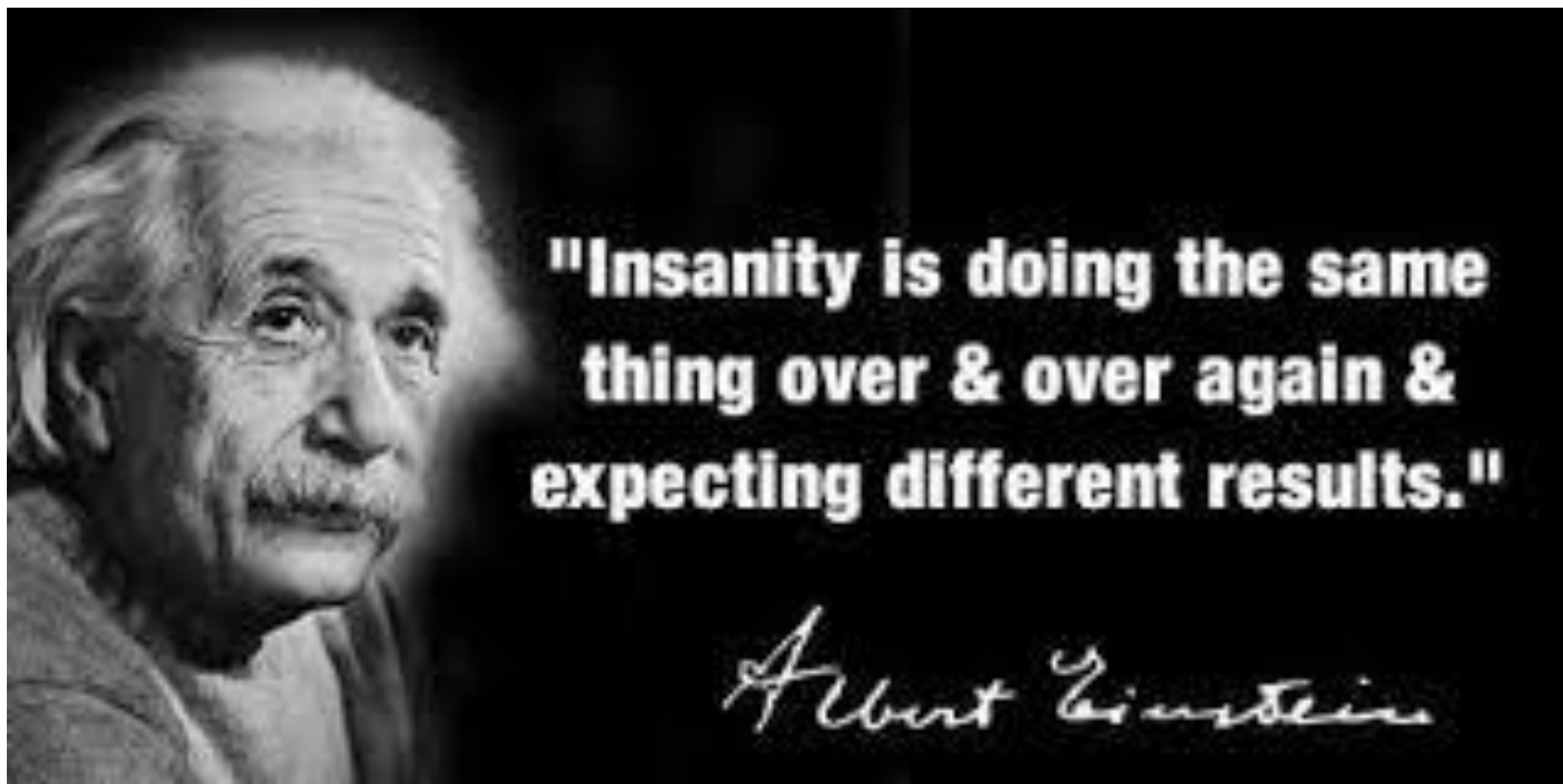
The End TB Strategy

1. Integrated, patient-centred TB care and prevention
2. Bold policies and supportive systems
3. Intensified research and innovation

POST-2015 GLOBAL TUBERCULOSIS STRATEGY FRAMEWORK



VISION GOAL	A world free of tuberculosis <ul style="list-style-type: none">– zero deaths, disease and suffering due to tuberculosis End the global tuberculosis epidemic
MILESTONES FOR 2025	<ul style="list-style-type: none">– 75% reduction in tuberculosis deaths (compared with 2015);– 50% reduction in tuberculosis incidence rate (compared with 2015) (less than 55 tuberculosis cases per 100 000 population)– No affected families facing catastrophic costs due to tuberculosis
TARGETS FOR 2035	<ul style="list-style-type: none">– 95% reduction in tuberculosis deaths (compared with 2015)– 90% reduction in tuberculosis incidence rate (compared with 2015) (less than 10 tuberculosis cases per 100 000 population)– No affected families facing catastrophic costs due to tuberculosis



**"Insanity is doing the same
thing over & over again &
expecting different results."**

Albert Einstein

New Program

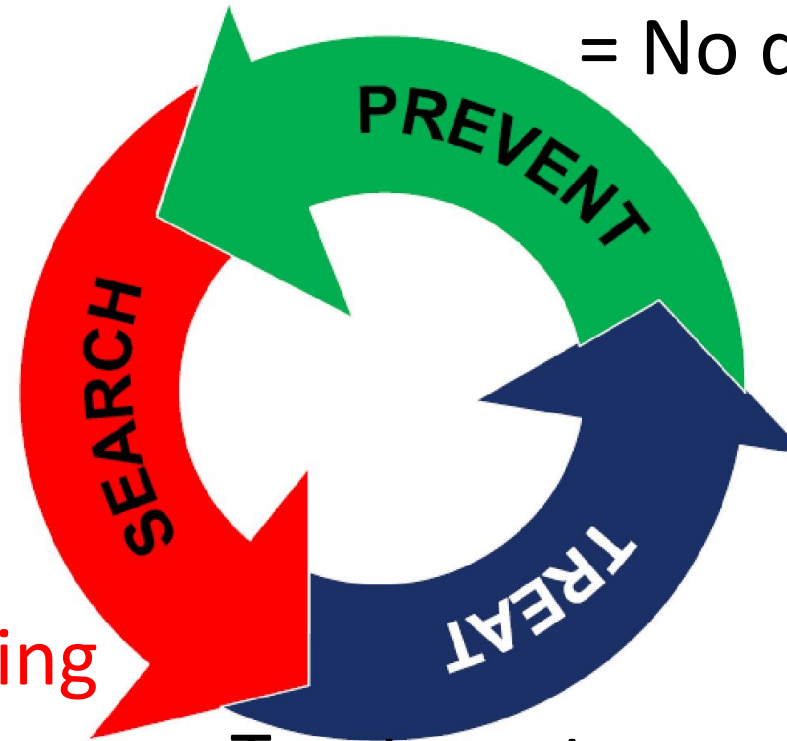
TB Control □ TB Elimination

Passive case
finding and
microscopy
- based
diagnosis

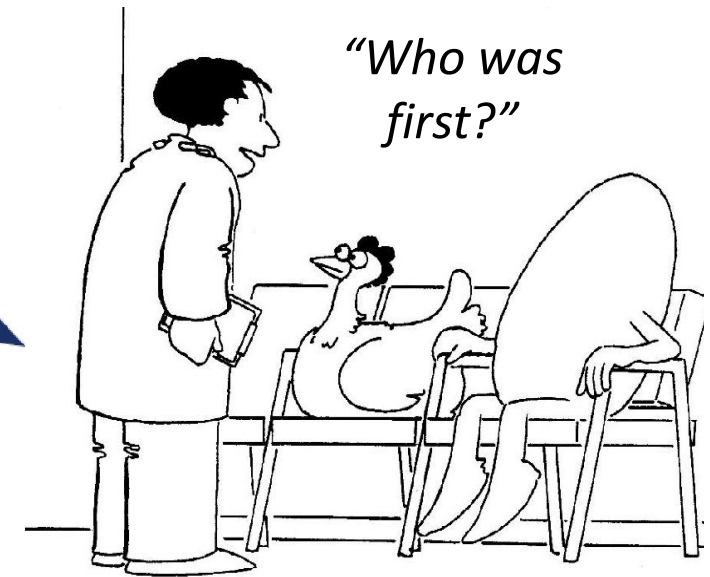


Find all cases!

- ✓ Enhanced active case finding
- ✓ Contact tracing
- ✓ Xray (soon handheld with AI)
- ✓ Xpert test for confirmation



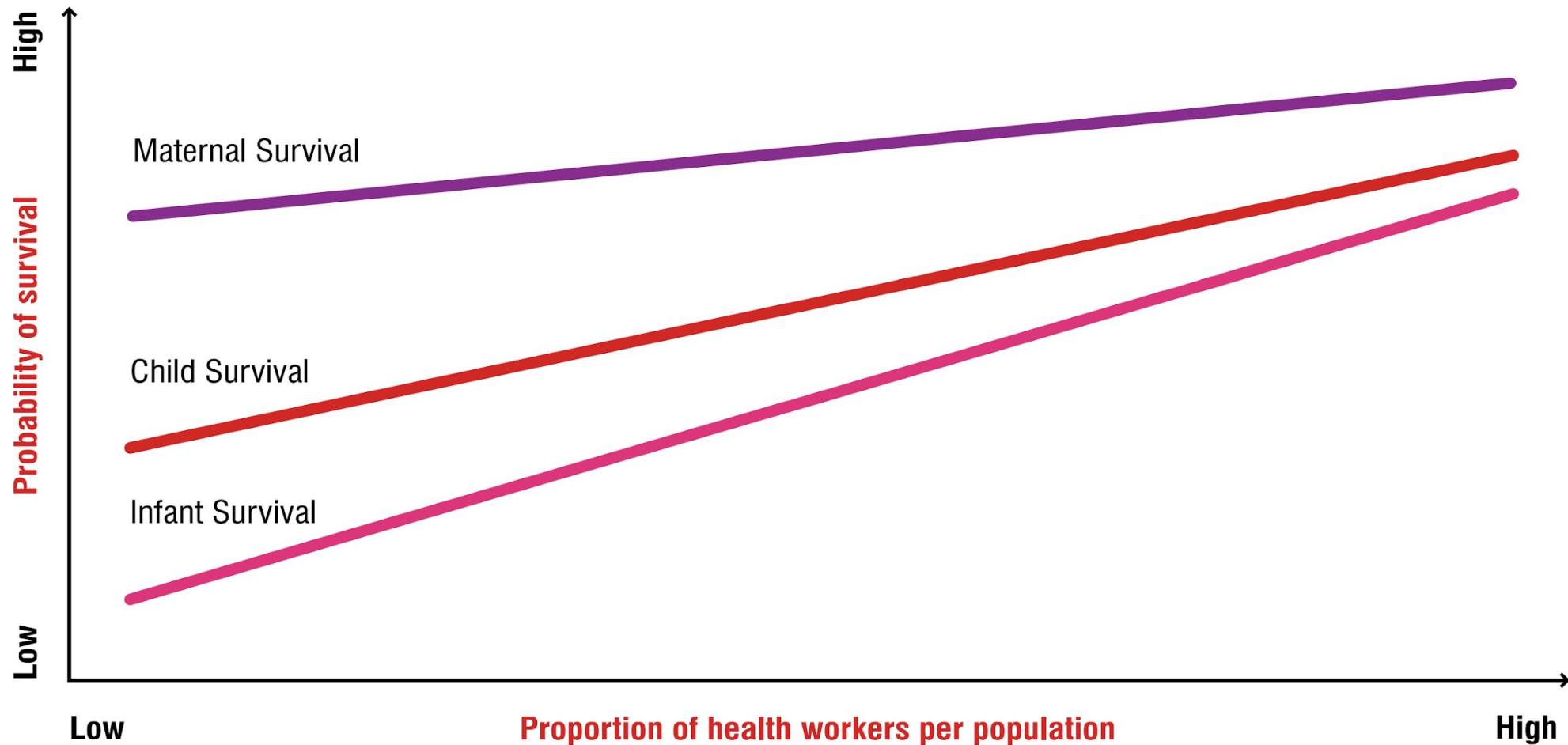
Preventive therapy (NTP)
= No data



Treatment coverage (NTP)

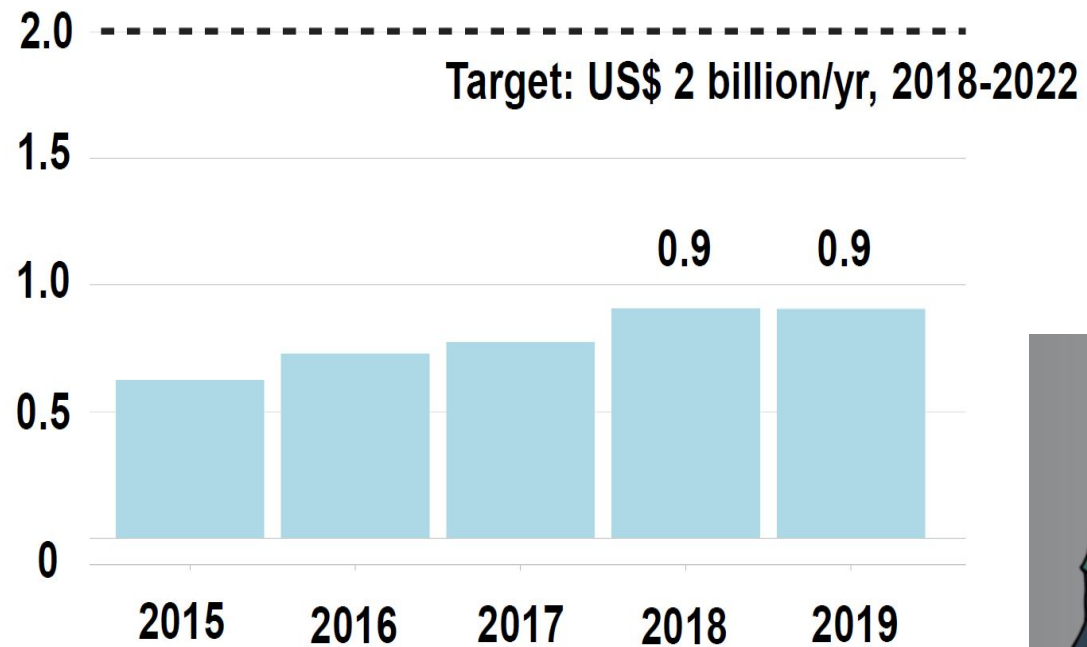
= 55% → **100 % of cases**

Develop and Nurture Talents



^a Source: *The world health report 2006 – working together for health*. Geneva, World Health Organization, 2006

Billions (current US\$)



Source: Treatment Action Group, Stop TB Partnership. Tuberculosis research funding trends 2005-2019. New York: Treatment Action Group; 2020
(<https://www.treatmentactiongroup.org/resources/tbrd-report/tbrd-report-2020/>)



The Biggest Monster' Is reading. And It's Not the



REPUBLIC OF THE PHILIPPINES
NATIONAL ECONOMIC AND DEVELOPMENT AUTHORITY

COVID-19 PANDEMIC TO COST PHP 41.4 T FOR THE NEXT 40 YEARS – NEDA

Last modified on September 25, 2021

Macro Matters

IMF sees cost of COVID pandemic rising beyond \$12.5 trillion estimate

Reuters

January 21, 2022
12:29 AM GMT+8
Last Updated 3 months ago

Building Blocks for Improving Health Outcomes

Good **health services** are those that deliver effective, safe, good-quality personal and non-personal health interventions to those who need them, when needed, and with minimum waste of resources.

A well-performing **health workforce** is one which works in ways that are responsive, fair, and efficient to achieve the best health outcomes possible, given the available resources and circumstances (i.e. there are sufficient staff, fairly distributed, who are competent, responsive, and productive).

A well-functioning **health information** system is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants; health systems and health status.

A well-functioning health system ensures equitable access to essential **medical products and technologies** of assured quality, safety, efficacy, and cost-effectiveness, and their scientifically sound and cost-effective use.

A good **health financing** system raises adequate funds for health in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them. It provides incentives for providers and users to be efficient.

Leadership and governance involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system-design, and accountability.

^a Source: *Everybody's business: strengthening health systems to improve health outcomes. WHO's framework for action*. Geneva, World Health Organization, 2007.