Tuberculosis is a disease caused by a bacterium called *Mycobacterium tuberculosis* that is mainly acquired by inhalation of infectious droplets containing viable tubercle bacilli. Infectious droplets can be produced by coughing, sneezing, talking and singing. Coughing is generally considered as the most efficient way of producing infectious droplets.

In 2007, there are 9.27 million incident cases of TB worldwide and Asia accounts for 55% of the cases. Through the National TB Program (NTP), the Philippines achieved the global targets of 70% case detection for new smear positive TB cases and 89% of these became successfully treated. The various initiatives undertaken by the Program, in partnership with critical stakeholders, enabled the NTP to sustain these targets. Nonetheless, emerging concerns like drug resistance and co-morbidities need to be addressed to prevent rapid transmission and future generation of such threats. Coverage should also be broadened to capture the marginalized populations and the vulnerable groups namely, urban and rural poor, captive populations (inmates/prisoners), elderly and indigenous groups.

Last 2009, the National Center for Disease Prevention and Control of the Department of Health led the process of formulating the *2010-2016 Philippine Plan of Action to Control TB (PhilPACT)* that serves as the guiding direction for the attainment of the Millenium Development Goals (MDGs). Learning from the *Directly-Observed Treatment Shortcourse (DOTS)* strategy, the eight (8) strategies of PhilPACT are anchored on this TB control framework. Moreover, these strategies are also attuned with the Government’s health reform agenda known as *Kalusugang Pangkalahatan (KP)* to ensure sustainability and risk protection.
Vision: TB-free Philippines

Goal: To reduce by half TB prevalence and mortality compared to 1990 figures by 2015

Objectives:
The NTP aims to:

1. Reduce local variations in TB control program performance
2. Scale-up and sustain coverage of DOTS implementation
3. Ensure provision of quality TB services
4. Reduce out-of-pocket expenses related to TB care

Strategies:

Under PhilPACT, there are 8 strategies to be implemented, namely:

1. Localize implementation of TB control
2. Monitor health system performance
3. Engage all health care providers, public and private
4. Promote and strengthen positive behavior of communities
5. Address MDR-TB, TB-HIV and needs of vulnerable populations
6. Regulate and make quality TB diagnostic tests and drugs
7. Certify and accredit TB care providers
8. Secure adequate funding and improve allocation and efficiency of fund utilization
Program Accomplishments:

Significant progress has been achieved since the Philippines adopted the DOTS strategy in 1996 and at the end of 2002-2003, all public health centers are enabled to deliver DOTS services. Because of the Government’s efforts to continuously improve health care delivery, there have been progressive increases in the detection and treatment success. While a strong groundwork has been installed, acceleration of efforts is entailed to expand and sustain successful TB control. All stakeholders are called upon to achieve the TB targets linked to the MDGs set to be attained by 2015. However, with the emergence of other TB threats, more has to be done. Likewise, with the ongoing global developments and new technologies in the pipeline, constraints will hopefully be addressed.

The 2010-2016 PhilPACT as defined by multi-sector partners, through broad-based collective technical inputs, underlines the key strategic approaches towards achieving these targets at both national and local levels. The Plan aims for universal access to DOTS including strategic responses to vulnerable groups and emerging TB threats. Nationwide, a wide array of health facilities are installed and equipped to provide quality TB care to the general population. This involves participation of private facilities (clinics, hospitals), other health-related agencies or NGOs and other Government organizations. Coverage for DOTS services, at least in the public primary care network has reached nearly 100% in late 2002. Ever since, diagnosis through sputum smear microscopy and treatment with a complete set of anti-TB drugs are given free through the support of the Government. Training on TB care for different types of health workers is being conducted through the regional and local NTP Coordinators. The conclusions during the
program implementation review (PIR) done by the DOH of selected public health programs on January 2008 revealed the following:

- Extent and quality of nationwide TB-DOTS coverage have reached levels necessary for eventual control since 2004 up to present
- NTP continues to add enhancements and improvements to TB care providers for better delivery of services

**Partner Organizations/Agencies:**

The following are the organizations/agencies that take part in achieving the objectives of the National TB Control Program:

- Philippine Business for Social Progress
- Philippine Coalition Against TB
- Holistic Community Development Initiatives (HCDI)
- National TB Ref Laboratory
- Lung Center of the Philippines
- Bureau of Jail Management and Penology (BJMP)
- Bureau of Corrections
- Department of Interior and Local Government (DILG)
- Department of Education (DepEd)
- Armed Forces of the Philippines-Office of the Surgeon General (AFP-OTSG)
- PhilHealth
• Research Institute of Tuberculosis/ Japan Anti-Tuberculosis Association Philippines, Inc. (RIT/JATA)
• Philippine Tuberculosis Society Inc. (PTSI)
• Kabalikat sa Kalusugan
• Samahang Lusog Baga
• National Commission for Indigenous Peoples
• Department of National Defense-Veterans Memorial Medical Center (DND-VMMC)
• Occupational Health and Safety (OSHC); Bureau of Working Conditions (BWC)
• World Vision Development Foundation (WVDF)
• International Committee of Red Cross
• Korea Foundation for International Health Care (KOFIH)
• World Health Organization (WHO)
• United States Agency for International Development (USAID)
• Committee of German Doctors for Developing Countries

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