



National TB Control Program Adaptive Plan

REDEFINING THE NATIONAL
TB CONTROL PROGRAM IN THE PHILIPPINES
IN TIME OF COVID-19 PANDEMIC

NATIONAL TUBERCULOSIS CONTROL PROGRAM
DISEASE PREVENTION AND CONTROL BUREAU
DEPARTMENT OF HEALTH

NTP ADAPTIVE PLAN

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NTP ADAPTIVE PLAN

ABBREVIATIONS

ACF	Active Case Finding	LTBI	Latent TB infection
AE	adverse event	M&E	monitoring and evaluation
AO	Administrative Order	MOP	Manual of Procedures
AI	artificial intelligence	NAP	NTP Adaptive Plan
BHW	Barangay health worker	NPI	non-pharmaceutical intervention
CHD	Center for Health Development	NTP	National TB Control Program
COVID-19	coronavirus disease 2019	NTRL	National TB Reference Laboratory
CT	computed tomography	OPD	Out-patient department
CXR	chest x-ray	PMDT	Programmatic Management of Drug-Resistant Tuberculosis
DATs	digital adherence technology	PPE	personal protective equipment
DOH	Department of Health	PPM	public-private mix
DPCB	Disease Prevention and Control Bureau	RHU	Rural Health Unit
DQC	data quality check	RITM	Research Institute for Tropical Medicine
DST	drug susceptibility testing	RTDL	Rapid TB Diagnostic Laboratory
EB	Epidemiology Bureau	RT-PCR	reverse transcription polymerase chain reaction
ECF	Enhanced Case Finding	SHF	Special health fund
EO	Executive Order	SM	Smear microscopy
FDA	Food and Drug Administration	SMS	short message service
HC	Health center	STRiders	Specimen Transport Riders
HCPN	HealthCare Provider Network	TAT	turn-around time
IATF	Inter-Agency Task Force	TB	tuberculosis
ICC	Infection Control Committee	TML	TB Microscopy Laboratory
ICF	Intensified Case Finding	TST	Tuberculin skin test
iDOTS	integrated delivery of TB services	VOT	Video-observed Treatment
IGRA	Interferon Gamma Release Assay	WHO	World Health Organization
IPC	infection prevention and control		
ITIS	Integrated TB Information System		
LGU	Local Government Unit		
LIPH	Local Investment Planning for Health		
LPA	Line Probe Assay		

BACKGROUND

While available information on COVID-19 infection in persons with active TB disease remains limited, it is expected that people ill with both TB and COVID-19 may have poorer treatment outcomes, especially if TB treatment is interrupted. Persons with TB should take precautions to be protected from COVID-19 and continue their TB treatment as prescribed (World Health Organization, 2020). Rapid assessment of TB services showed that the TB continuum of care have been displaced due to the disruptions brought about by COVID-19 situation. Access to TB care may also be influenced by their perceived risk of infection - to either delay or cancel their visits altogether - in facilities where these services are available.

The Department of Health (DOH) has initiated organizing an overall agency-wide adaptive plan or the “new normal” which will guide the Government on how it will move forward and cope owing to the experience of the COVID-19 pandemic and its socio-economic effects (Health Policy Development and Planning Bureau, 2020). The DOH has likewise initiated providing guidelines and standards responsive to the health service delivery disruptions owing to the COVID-19 pandemic.

The DOH has issued an Administrative Order providing “risk-based public health standards for COVID-19 mitigation” specifically on non-pharmaceutical interventions (NPI) that are meant to mitigate and suppress transmission of infectious diseases (Department of Health - Philippines, 2020a). While the DOH National TB Control Program (NTP) has likewise issued guidelines to ensure sustained TB services while COVID-19 response is in effect (Department of Health - Philippines, 2020b), there is still a need to provide more specific guidelines on TB service delivery along the TB continuum of care.

PURPOSE

The NTP Adaptive Plan (NAP) provides specific doable measures and adjustments to current implementation TB care guidelines to ensure the sustainability of TB cascade of care in prevention, screening, diagnosis, treatment, and care services and complementing the COVID-19 response of the designated facilities and providers. It shall serve as reference for NTP in updating relevant document and guidelines such as the NTP Manual of Procedures (MOP) and the Updated Philippine Strategic TB Elimination Plan, Phase I: 2020-2023 or Updated PhilSTEP1. It shall also serve as basis for specifying the investment requirements as input to the annual budget and procurement planning process of NTP and providers of TB care.

DEFINITION OF TERMS^[1]

- A. Confirmed COVID-19 case** – Any individual who tested positive for COVID-19 through laboratory confirmation by RT-PCR at the national reference laboratory, subnational reference laboratory, or a DOH-certified laboratory testing facility.
- B. Influenza-like Illness (ILI)** – an acute respiratory infection with:
 - 1. Measured fever of $\geq 38.0^{\circ}\text{C}$
 - 2. And cough
 - 3. With onset within the last 10 days
- C. Presumptive Pulmonary TB** – refers to any person having:
 - 1. Two weeks or longer of any of the following - cough, unexplained fever, unexplained weight loss, night sweats, or
 - 2. Chest X-ray (CXR) finding suggestive of TB.
- D. Probable COVID-19 case** – A Suspect case who fulfills anyone of the following listed below:
 - 1. Suspect case whose RT-PCR test for COVID-19 is inconclusive
 - 2. Suspect who tested positive by RT-PCR for COVID-19 but whose test was not conducted in a national or subnational reference laboratory or officially accredited laboratory for COVID-19 confirmatory testing
- E. Severe Acute Respiratory Infection (SARI)** – A person with acute respiratory infection with:
 - 1. History of fever or measured fever of $\geq 38.0^{\circ}\text{C}$
 - 2. And cough
 - 3. With onset within the last 10 days
 - 4. And requires hospitalization
- F. Suspect COVID-19 case** – A person presenting any of the conditions below:
 - 1. All Severe Acute Respiratory Infection (SARI) cases where NO other etiology fully explains the clinical presentation.
 - 2. Influenza-like Illness (ILI) cases with any of the following:
 - a. With no other etiology that fully explains the clinical presentation AND a history of travel to or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset; or
 - b. With contact with a confirmed or probable case of COVID-19 disease during the 14 days prior to symptom onset.
 - 3. Individuals with fever or cough or shortness of breath or other respiratory signs or symptoms fulfilling any one of the following conditions:
 - a. Aged 60 years and above
 - b. With a co-morbidity
 - c. Assessed as having a high-risk pregnancy and/or
 - d. Health worker

[1] Definitions lifted from DM 2020-0189 Updated Guidelines on Contact Tracing of Close Contacts of Confirmed Coronavirus Disease (COVID-19) Cases; and WHO surveillance case definitions for ILI and SARI

GENERAL GUIDELINES

1. All facilities and providers involved in TB care shall observe the minimum public health standards to mitigate measures for COVID-19 response across all settings such as home, public places, offices and workplaces, prisons and other places of detention, health facilities, among others, as per DOH Administrative Order No. 2020-0015: Guidelines on the Risk-based Public Health Standards for COVID-19 Mitigation (Department of Health - Philippines, 2020a).
2. Screening of presumptive TB (through passive, active, intensified, and enhanced case finding), and contact investigation, shall continue subject to mandated physical distancing and strict infection control procedures (Department of Health - Philippines, 2020b).
3. All staff working in TB laboratories and healthcare facilities shall implement TB biosafety and infection prevention and control (IPC) measures. For the summary of the recommended use of medical mask and respirators, refer to **Annex 1 – Type of mask for use by health workers depending on transmission scenarios, setting and activity**. For the summary of personal protective equipment (PPE) refer to **Annex 2 – Matrix of recommended PPE according to Activity**. Details of recommended IPC measures for specific activities are given in details in the succeeding sections (Department of Health - National TB Control Program (DOH-NTP) & Research Institute for Tropical Medicine - National TB Reference Laboratory (RITM-NTRL), 2020).
4. TB diagnostic testing shall continue with strict compliance to Standard Precautions for Infection Prevention and Control and Laboratory Biosafety Standards (Department of Health - National TB Control Program (DOH-NTP) & Research Institute for Tropical Medicine - National TB Reference Laboratory (RITM-NTRL), 2020).
5. Healthcare facilities at all levels rendering TB services shall implement a flexible treatment management and provision of anti-TB medicines to enrolled TB patients. This is to decongest and minimize physical contact from frequent visits to the health facility. Monitoring of compliance and adherence to treatment may be via treatment supporter (e.g. family members), digital adherence technologies (DATs) such as SMS text, telephoning, video-observed treatment (VOT), whichever is available and most accessible and feasible to the patient (Department of Health - Philippines, 2020b).
6. The use of digital technology for TB service delivery such as adherence monitoring, and TB screening through virtual/telephonic consultation, contact tracing and adverse event monitoring and other programmatic purposes, such as electronic recording, eLearning and laboratory information systems are highly encouraged for health workers, presumptive TB, and persons with TB to have early case detection, early treatment initiation, help complete treatment and promptly manage adverse drug reactions and treatment success.
7. Health centers/rural health units/public hospitals, and health offices shall provide feedback to the City Health Office/Provincial Health Office, and Centers for Health Development, respectively. Feedback shall describe if the guidelines are being followed, enumerate the gaps in the facilities' resources that prevents them from following the adaptive changes, and other similar feedback information. All information shall follow the existing monitoring scheme that is in place among TB health services providers.

SPECIFIC GUIDELINES

Organized according to the TB cascade of care – **Screen, Test and Diagnose, Treat, and Prevent** - the table below outlines a more detailed set of procedures to carry out the adaptive changes stated in the general guidelines. It also provides cross references to existing NTP policy measures and other relevant issuances from the DOH for both TB and COVID-19.

SCREEN

Rationale: Develop customized various safe approaches for TB screening/case finding considering the different COVID-19 risks/situations in the country to ensure continuation of TB screening and case finding.^[2]

GENERAL NOTES ON SCREENING:

Below are the details for a **single-over all approach for TB, and COVID-19 screening**. These are applicable for all screening strategies:

- Active Case Finding (ACF)
- Enhanced Case Finding (ECF)
- Intensified Case Finding (ICF)
- Contact Investigation

Table 1. Recommended General Adaptive Changes on TB Screening

Adaptive Changes	Specific guidelines
<p>Presumptive TB screening/case finding activities (passive, active, intensified, or enhanced, and contact investigation) shall continue subject to the mandated physical distancing and infection prevention and control procedures.</p> <p>(e.g. limit number of people gathering by assigning time slots considering the size/space of the venue, avoid lectures to audiences and crowds, provide medical masks for healthcare staff, require patients to wear non-medical/cloth/fabric masks, etc.)</p>	<p>Do simultaneous screening for COVID-19 and TB</p> <ul style="list-style-type: none"> • For COVID-19, ask for symptoms, exposure and risk factors. For TB, ask for TB cardinal signs and symptoms (ECF, contact investigation) or perform/offer CxR (ACF and ICF). • For suspect COVID-19 case only, refer to COVID-19 care area or facility^[3], or collect swab sample for COVID-19 testing, subject to capacity of the facility (ICF) • For suspect COVID-19 case AND presumptive TB, collect sputum for Xpert MTB/Rif test and refer to COVID-19 care area or facility, or collect swab sample for COVID-19 testing, subject to capacity of the facility (ICF). • For presumptive TB only, collect sputum for Xpert MTB/Rif test.
	<p>Those with acute symptoms (less than 2 weeks) may be suspect COVID-19 cases (depending on exposure, severity and risk factors).</p>

[2] DM 2020-0129 Ensuring Continuous TB Services During Community Quarantine

[3] Note that COVID-19 testing shall follow the latest DOH policy. The COVID-19 facility shall determine who will be prioritized for RT-PCR testing, following the most recently issued DOH guidelines. Latest DOH policy as of June 16 is DM 2020-0258 Updated Interim Guidelines on Expanded Testing for COVID-19. Further, referring health facilities are encouraged to coordinate with the Regional Epidemiology and Surveillance Units (RESU) regarding the referred suspect COVID-19 patients.

Adaptive Changes	Specific guidelines
	<p>For all screening-related activities, implement adequate infection prevention and control (IPC) measures, physical distancing, use of appropriate Personal Protective Equipment (PPE), hand hygiene, among patients, their companions and health workers.</p> <p>The general IPC guidelines below are applicable for ICF, and ACF:</p> <ol style="list-style-type: none"> 1. Before entry to the health facility (for ICF) or activity area (for ACF), instruct all clients and their companions to wear non-medical/cloth/fabric masks and perform hand hygiene with 70% ethyl alcohol or handwash by soap and water whichever is available. 2. Measure body temperature of every client by non-contact digital thermo-sensor at least from 3 cm away from the forehead of the client. 3. Triaging of COVID-19 in the entry to health facilities (for ICF) or activity area (for ACF) to segregate suspect COVID-19 cases. Health workers must require ALL suspect COVID-19 cases to wear medical masks. If the patient does not have a medical mask, the health facility is encouraged to provide one to the patient. 4. Mark physical distancing block/circle at least 1 meter apart among clients as well as clients and the staff. 5. For chest x-ray, or other imaging procedures, there must be strict equipment and surface disinfection after every patient. Note that the appropriate disinfectants must be used for each surface^[4]. 6. If the facility has a standard disinfection protocol that will be sufficient to eliminate potential COVID-19 contamination, this protocol is suggested to be continued. 7. Comprehensive guidelines on disinfection of health facilities is provided in CROSS-CUTTING AREAS and Annex 3 - Health care setting recommended frequency of cleaning of environmental surfaces, according to patient areas with suspected or confirmed COVID-19 patients 8. Facilities may opt to conduct CXR on segregated time. Allot a dedicated CXR time for non-suspect COVID-19 patients. WHO recommends to schedule suspect or confirmed COVID-19 patients at end of clinic day if possible^[5]. Or, if resources are available, allot a dedicated CXR machine for non-suspect COVID-19 patients^[6].

[4] For cleaning and disinfection of medical imaging equipment, it is important to refer to the manufacturer's instructions for use as some parts of the medical equipment are sensitive to cleaning agents. Avoid the use of abrasive polishes and corrosive disinfectants. Cleaning can be achieved by using an approved detergent (soap and water) and wiping dry with a low linting towel, followed by disinfection with an approved disinfectant. It is crucial to note the wet contact time of the disinfectant in order to inactivate pathogens. A few recommended disinfecting protocol for different types of surfaces (subject to manufacturer's instructions) are: 1) use of soft detergent for metal and painted surfaces and wipe dry with dry towel; 2) use of dry towel to wipe chrome surfaces; 3) avoidance of abrasive polishes; use of wax to protect surface coating; 4) use of soap and water for plastic surfaces; 5) use of common glass cleaner except for amide products to clean the touch screen; 6) spraying of glass cleaner on the cloth or towel, and then wipe the touch screen; and 7) use of 70% ethanol to disinfect the equipment (x-ray, CT, magnetic resonance imaging, and others). Disinfection guidelines from Ding et al. Prevention and control measures in radiology department for COVID-19. Available from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7160611/>

[5] World Health Organization. Use of chest imaging in COVID-19. Available from <https://www.who.int/publications/i/item/use-of-chest-imaging-in-covid-19>

[6] Given the stringent IPC requirements in between patients, the number of patients to be catered is expected to be reduced in a day.

Adaptive Changes	Specific guidelines
	<ol style="list-style-type: none"> 9. Health workers performing chest imaging procedures shall wear medical masks, gloves, and safety goggles or face shield^[7]. 10. For aerosol generating procedures (AGP) (e.g., tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, bronchoscopy, sputum induction using nebulized hypertonic saline, and autopsy procedures), air disinfection should be done^[8]. 11. Follow proper specimen collection, handling and transport for TB testing (refer to Section on Test and Diagnose) 12. Follow proper waste disposal as previously described in the National Tuberculosis Laboratory Biosafety Guidelines published by the Department of Health, Research Institute for Tropical Medicine (National Tuberculosis Reference Laboratory).
	<p>Specific IPC measures for screening activities are as follows:</p> <p>IPC for ICF</p> <ol style="list-style-type: none"> 1. In health facilities with large out-patient department (OPD), customization of the triage area to include a physical barrier between health workers and patients is highly suggested. This may lessen PPE needs (e.g. medical mask and gloves only, instead of full PPE suits required for COVID-19). 2. Areas with natural ventilation is ideal for triage. 3. Direct clients only after passing through COVID-19 triage and who are not suspect COVID-19 case, to radiology department or to partner diagnostic facility.
	<p>IPC for ACF</p> <ol style="list-style-type: none"> 1. Limit number of people gathering by assigning time slots considering the size/space of the venue 2. Direct clients only after passing through COVID-19 triage and who are not suspect COVID-19 case to mobile CXR van. 3. Serve one client at a time inside the van. 4. Perform hand hygiene with 70% ethyl alcohol or handwash by soap and water whichever is available before entering the van. 5. Disinfect surfaces of the van (including door handles) after every patient. Disinfection of the x-ray room shall follow the general IPC guidelines stated above. Given the stringent IPC requirements in between patients, the number of patients to be catered is expected to be reduced in a day.

[7] World Health Organization. Use of chest imaging in COVID-19. Available from <https://www.who.int/publications/i/item/use-of-chest-imaging-in-covid-19>

[8] For air disinfection, use ultraviolet irradiation (continuous irradiation for more than 30 minutes), followed by ventilation (30 minutes). Protocol adapted from Ding et al.

Adaptive Changes	Specific guidelines
	<p>IPC for ECF and Contact Investigation</p> <p>TB navigators or community volunteers or barangay health workers (BHWs) should observe adequate infection prevention and control measures (physical distancing, use of appropriate PPE, hand hygiene, etc).</p> <p>For community-based screening:</p> <ol style="list-style-type: none"> 1. Conduct interview outdoors. 2. Instruct client/s to wear non-medical/cloth/fabric mask/s. 3. Maintain at least one-meter distance between clients as well as clients and TB navigators. 4. Follow proper specimen collection, handling and transport for TB testing (Please refer to TEST and DIAGNOSE)

The details on how to conduct ICF, ACF, ECF and Contact investigation are described in detail below:

Table 2. Recommended Adaptive Changes on TB Screening

Adaptive Changes	Specific guidelines
<p>Presumptive TB screening/case finding activities (passive, active, intensified, or enhanced, and contact investigation) shall continue subject to the mandated physical distancing and infection prevention and control procedures.</p> <p>(e.g. limit number of people gathering by assigning time slots considering the size/space of the venue as well, avoid lectures to audiences and crowds, provide medical masks for healthcare staff, require patients to wear non-medical/cloth/fabric masks, etc.)</p>	<p>Case finding activities shall resume.</p> <ul style="list-style-type: none"> • Conduct of active case finding activities must be prioritized in high risk populations and settings, consistent with guidelines set in the NTP MOP, 6th ed.^[9] • Use of infographics, job aids for both community and facility-level screening (Please refer to Annex 4 - Infographics and other communication material templates) • Attempt to move face-to-face encounters by community and facility health workers outside of buildings into the open air as much as possible. • Integrate gender component in case finding activities by addressing socio-cultural barriers that prevent men and women from availing of TB services due to childcare demands, time, poverty, and restricted mobility. One strategy to address these barriers is by offering one-stop shop TB services (screening, diagnostic, and treatment) during weekdays (sundown clinics operating beyond 5:00 PM), and weekends. Extension of TB services hours must follow curfew hours set in each locality.

[9] Citing the provisions from the 6th NTP MOP, the priority target population groups in the community are urban or rural poor, and in the workplace are miners, construction workers, public transport drivers, and garment factory workers. Further, congregate settings include jails, detention centers, residential homes or residential care facilities for the elderly/disabled/ orphans, and crowded living places (e.g. evacuation centers for internally displaced population). In these settings, chest x-ray for all shall be implemented for active case finding.

Adaptive Changes	Specific guidelines
	<ul style="list-style-type: none"> Expand signs and symptoms (S/S) screening measures by BHWs/TB navigators/community volunteers (e.g. phone calls, video calls, etc.). In the conduct of screening and contact investigation, use of real-time mobile application and digital analytics may be used. If digital platforms are not available, contact tracing may be conducted via telephone screening by BHWs/TB navigators/community volunteers, midwives, or nurses. Ensure designated sputum collection area in health facilities comply with the infection prevention and control requirements. <p>Intensified Case Finding (ICF) shall be done for all clients visiting the facility regardless of reason for consult. Two options for TB screening are provided below. The health facilities are encouraged to follow the option/s that is most feasible for them, depending on the facility's capacity.</p> <p>Options for TB screening</p> <p>Option 1:</p> <ul style="list-style-type: none"> Co-screen both COVID-19 and TB by signs and symptoms at the OPD area by using the recommended Form 1 (Please refer to Annex 5 – COVID-19 and TB Screening Form). Refer those who are suspect COVID-19 case to COVID-19 care area or facility, or collect swab sample for COVID-19 testing, subject to capacity of the facility. Among those referred for COVID-19 care, check if CXR or other imaging technique (e.g., CT scan) is done as part of the work-up. If result shows suggestive of TB, collect specimen for Xpert MTB/Rif test. For those who are considered as suspect COVID-19 case AND presumptive TB, collect sputum for Xpert MTB/Rif test and refer to COVID-19 care area or facility, or collect swab sample for COVID-19 testing, subject to capacity of the facility. For those who are presumptive TB, collect sputum for Xpert MTB/Rif test. If not presumptive TB, do CXR if no CXR was done in the last year^[10]. Continue to observe and follow the recommended IPC measures as described above. If CXR result is suggestive of TB, collect sputum for Xpert MTB/Rif test.

[10] If CXR was done in the last year and result is suggestive of TB, consider as presumptive TB. Collect sputum for Xpert MTB/Rif test. If not sure of CXR result, or if not sure CXR was done, offer CXR.

Adaptive Changes	Specific guidelines
	<p data-bbox="629 389 748 421">Option 2:</p> <ul data-bbox="680 448 2107 874" style="list-style-type: none"> <li data-bbox="680 448 2107 619">• Triage patients with fever and acute respiratory signs and symptoms (running nose, sore throat), myalgia, loss of taste or smell, chills and/or those with contact history with COVID-19 patient. Anyone classified as suspect COVID-19 case is referred to COVID-19 care area or facility, or swab sample is collected for COVID-19 testing, subject to capacity of the facility. Check if CXR or other imaging technique (e.g., CT scan) was done as part of the work-up. If result shows suggestive of TB, collect specimen for Xpert MTB/Rif test. <li data-bbox="680 635 2107 699">• If not suspect COVID-19 case, screen for TB at each specialty OPD. Ask the following TB cardinal signs and symptoms that are lasting for ≥ 2 weeks: cough, unexplained fever, unexplained weight loss, night sweats <li data-bbox="680 715 1592 746">• For those who are presumptive TB, collect sputum for Xpert MTB/Rif test. <li data-bbox="680 762 1935 826">• If not presumptive TB, do CXR if no CXR was done in the last year¹⁰. Continue to observe and follow the recommended IPC measures as described above. <li data-bbox="680 842 1547 874">• If CXR result is suggestive of TB, collect sputum for Xpert MTB/Rif test. <p data-bbox="629 938 1653 970">Active Case Finding (ACF) in targeted community, workplace and congregate settings</p> <ul data-bbox="680 997 2092 1284" style="list-style-type: none"> <li data-bbox="680 997 1697 1029">• Co-screen both COVID-19 and TB by signs and symptoms at the triage activity area. <li data-bbox="680 1045 1621 1077">• Refer those who are suspect COVID-19 case to COVID-19 care area or facility. <li data-bbox="680 1093 2092 1157">• For those who are considered as suspect COVID-19 case AND presumptive TB, collect sputum for Xpert MTB/Rif test and refer to COVID-19 care area or facility. <li data-bbox="680 1173 1935 1236">• If not presumptive TB, do CXR if no CXR was done in the last year¹⁰. Continue to observe and follow the recommended IPC measures as described above. <li data-bbox="680 1252 1547 1284">• If CXR result is suggestive of TB, collect sputum for Xpert MTB/Rif test.

Adaptive Changes	Specific guidelines
	<p>Enhanced Case Finding (ECF)</p> <ul style="list-style-type: none"> • Use virtual/telephonic screening or community-based screening (house to house visit) if possible. Virtual/telephonic screening is preferable. • Co-screen both COVID-19 and TB by signs and symptoms. • If suspect COVID-19 case, refer to COVID-19 care area or facility. • If suspect COVID-19 case AND presumptive TB: <ul style="list-style-type: none"> a. For virtual/telephonic screening: advise to produce sputum at home, organize delivery of sputum cup, specimen pick-up and transport by coordinating with the BHWs/TB navigators/community volunteers and refer to COVID-19 care area or facility. Alternatively, patients may avail of sputum cups from Barangay Health Stations (BHS), or if available at home, patients may use a clean, wide mouthed, screw capped container to avoid spillage of the sputum sample. b. For community-based screening (house to house visit): collect sputum on the spot for Xpert MTB/Rif test and refer to COVID-19 care area or facility. • If presumptive TB: <ul style="list-style-type: none"> a. For virtual/telephonic screening: advise to produce sputum at home, organize delivery of sputum cup, specimen pick-up and transport by coordinating with the BHWs/TB navigators/community volunteers. Alternatively, patients may avail of sputum cups from Barangay Health Stations (BHS), or if available at home, patients may use a clean, wide mouthed, screw capped container to avoid spillage of the sputum sample. b. For community-based screening (house to house visit): collect sputum on the spot for Xpert MTB/Rif test. • Organize sputum transport by STRiders or any transport means as set by LGU.

Adaptive Changes	Specific guidelines
	<p>Contact Tracing</p> <ul style="list-style-type: none"> • Contact tracing can either be through virtual/telephonic screening or as community-based screening (house to house visit). Virtual/telephonic screening is preferable. • Co-screen for both COVID-19 and TB by signs and symptoms. • If suspect COVID-19 case, refer to COVID-19 care area or facility. • If suspect COVID-19 case AND presumptive TB: <ul style="list-style-type: none"> a. For virtual/telephonic screening: advise to produce sputum at home, organize delivery of sputum cup, specimen pick-up and transport by coordinating with the BHWs/TB navigators/community volunteers and refer to COVID-19 care area or facility. Alternatively, patients may avail of sputum cups from Barangay Health Stations (BHS), or if available at home, patients may use a clean, wide mouthed, screw capped container to avoid spillage of the sputum sample. b. For community-based screening (house to house visit): collect sputum on the spot for Xpert MTB/Rif test and refer to COVID-19 care area or facility. • If presumptive TB: <ul style="list-style-type: none"> a. For virtual/telephonic screening: advise to produce sputum at home, organize delivery of sputum cup, specimen pick-up and transport by coordinating with the BHWs/TB navigators/community volunteers. Alternatively, patients may avail of sputum cups from Barangay Health Stations (BHS), or if available at home, patients may use a clean, wide mouthed, screw capped container to avoid spillage of the sputum sample. b. For community-based screening (house to house visit): collect sputum on the spot for Xpert MTB/Rif test. • If not presumptive TB, pre-arrange with health facility for CXR (if not yet done in the past year), Tuberculin Skin Testing (TST) and TB work-up at 1 trip by following the LTBI guidelines from the MOP. • Identify support needed for TB contacts (e.g. transport, transport cost, transport pass) and organize a combined trip for those who need care as per pre-arranged appointment. • For contacts of MDR-TB regardless of s/s, advise to produce sputum at home and organize specimen pick-up and transport by coordinating with the BHWs/TB navigators/community volunteers. • Limit number of consultations to avoid crowds in common areas coupled with physical distancing measures, e.g., 1-meter space between chairs or seats.

TEST and DIAGNOSE

Rationale: Accurate diagnostic tests are essential for both TB and COVID-19. Tests for the two conditions are different and both should be made accessible for individuals with respiratory symptoms.

GENERAL NOTES ON TEST and DIAGNOSE:

TB diagnostic testing, with Xpert MTB/Rif as primary test, shall continue with strict compliance to Standard Precautions for Infection Prevention and Control and Laboratory Biosafety Standards. As such, there is also a need to update existing policies and **algorithms**^[11] on the following concerns:

- Integrate an algorithm that will cater to both TB and COVID-19.
- Update policy on TB laboratories who can do the TB-COVID-19 testing (RT-PCR).
- Update biosafety guidelines and manual on proper collection, packaging, and transport of sputum specimen for Xpert MTB/Rif, smear microscopy (SM), culture, drug susceptibility testing (DST), and line probe assay (LPA).

Table 3. Recommended adaptive changes on TB Testing and Diagnosis

Adaptive Changes	Specific guidelines
<p>Patient shall collect sputum for TB test at home with specific instructions if identified as presumptive TB during virtual/telephonic screening; if identified as presumptive TB during community-based screening, ACF, or at a health facility, collect sputum immediately, with observance of appropriate IPC. Collection shall be in an open, well-ventilated space – preferably outside of the health facility or home.</p> <p>Standard Precautions and Biosafety shall be observed during receiving, packaging and transporting, and processing of specimens. These include wearing of PPE, regular</p>	<p>Implement additional measures for specimen collection, transport, and referral.^[12]</p> <p>Home sputum collection</p> <ul style="list-style-type: none"> • Health workers must provide specific home instructions on how to properly collect and pack sputum specimens. • Patients who prefer to collect specimens at home must ensure to do the procedure in a well-ventilated space. If assistance is needed, the person assisting the patient must wear N95 respirator and maintain appropriate distance. • Ensure that sputum volume is sufficient, and container is tightly sealed and packed accordingly based on standards.
	<p>Facility sputum collection</p> <ul style="list-style-type: none"> • During sputum collection, the staff should wear complete PPE^[13] and maintain appropriate distance. The staff should wear an N95 respirator. • Staff in health facilities shall always use N95 respirator when in contact with patients for sputum collection. • Ensure specimens are packed accordingly based on the recommended standards by NTRL. • Conduct re-/orientation of health workers on IPC and biosafety best practical approaches when performing sputum collection, and specimen packaging and transport system.

[11] NTRL Advisory of Handling Specimens for TB Specimens for TB testing Xpert MTB/ Rif Assay and Smear Microscopy in the Presence of COVID-19-19 Community Transmission

[12] DM 2019-0167 Guidelines on Proper Collection, Packaging and Transport of Sputum Specimen for TB Culture and

[13] A complete set of PPE includes the following: fit-tested N95 respirator, safety goggles or face shield, gloves, and disposable gown.

Adaptive Changes	Specific guidelines
<p>decontamination of surfaces, physical distancing in the health facilities and having a well-ventilated workplace.</p> <p>Laboratory staff performing TB tests shall wear a complete set of personal protective equipment or PPE</p>	<p>Laboratory receiving specimens</p> <ul style="list-style-type: none"> • Staff working in TB laboratories shall treat all samples as infectious. Always use complete PPE. Samples shall be carefully handled to ensure that these will not be aerosolized during processing. • Conduct re-/orientation of health workers on IPC and biosafety best practical approaches when performing sputum collection, specimen packaging and transport system, preparation and testing of specimen, and waste disposal. It is always recommended to use standardized training materials and job aids from point of care to laboratory facilities. • If feasible, conduct online dissemination meetings among public and private health workers is also recommended.
	<p>Standard IPC measures for sputum sample transporters</p> <ul style="list-style-type: none"> • For those collecting and transporting specimens (e.g. STRiders, contracted couriers), wearing of medical masks and surgical gloves is mandatory. • Washing of hands before and after specimen pick-up and delivery is also mandatory. • Specific regular time shall be designated for specimen pick up. • Sputum sample transporters must avoid close physical contact with patients. • Transport vehicle must be cleaned with bleach solution before delivery begins and after all deliveries are done for the day. Clean the specimen container thoroughly, as well as all high contact surfaces of the vehicle.
	<p>Organize special transport mechanism in areas with quarantine restrictions</p> <ul style="list-style-type: none"> • For areas under quarantine restrictions, specimens whether collected at home or in the health facility shall be picked up by dedicated couriers. • The use of ambulance, air transportation, and other viable mode of transport mechanisms is recommended in areas where courier services are interrupted. • Special waiver for the courier servicing companies for line probe assay (LPA) and baseline culture & drug susceptibility testing (DST) should be arranged.

Adaptive Changes	Specific guidelines
<p>TB diagnostic testing shall continue with strict compliance to Standard Precautions for Infection Prevention and Control and Laboratory Biosafety Standards</p> <p>If recommended IPC standards are not available at the Rapid TB Diagnostic Laboratory (RTDL)/TB Microscopy Laboratory (TML), specimen shall be sent to a BSL-2 TB laboratory.</p> <p>Note: Expect increase in clinically diagnosed TB among patients where testing is delayed.</p>	<p>For SM/Xpert MTB/Rif testing:^[14]</p> <ul style="list-style-type: none"> • Designation of RTDLs proposed for COVID-19 response: Xpert TB only or with Xpert Xpress (COVID-19) testing (subject to existing policy). • Continue to perform SM/Xpert MTB/Rif test: <ul style="list-style-type: none"> ✓ For presumptive TB that is either probable, suspect, or negative COVID-19 case, process specimens in the zoned RTDLs. ✓ For presumptive TB that is also an active confirmed COVID-19 case, specimens shall be sent to the nearest BSL-2 TB laboratory (with transport considerations) • Stockpiling of PPE for RTDLs. • TB laboratory results to be relayed by voice message (call) or using the Integrated TB Information System (ITIS) to both patient and requesting physician. Physician must instruct where to go for initiation of treatment. <p>For LPA, Culture, and DST Testing:</p> <p>TB Culture laboratories who are not designated to do RT-PCR testing for COVID-19 shall continue processing TB specimens for LPA, culture, and DST.</p> <p>Real-time Laboratory workload monitoring</p> <p>Use of real-time mobile application and digital analytics for testing activities for TB and supply of testing commodities to inform re-distribution or allocation across TB hotspots. If feasible, mobile app to also include test results of Xpert MTB/Rif sputum analysis.</p>
<p>Continue to improve access to TB diagnostics as COVID-19 laboratories have displaced some TB Laboratory services</p>	<p>Involve wider network of diagnostic and laboratory facilities</p> <ul style="list-style-type: none"> • Tap private and government facilities with existing TB diagnostics not currently engaged in the network • Expand hospital membership of Private sector consortium

[14] DM 2020-0129 Guidelines on the Use of Xpert MTB/Rif as Primary Diagnostic test for All Presumptive TB; and DM 2019-0327 Guidelines on the Referral and Processing of Specimens other than Sputum for Xpert MTB/RIF Assay

TREAT

Rationale: Patient-centered outpatient and community-based care should be strongly supported and preferred over hospital or facility-based treatment for TB patients (unless serious conditions are requiring hospitalization) to reduce risks for TB transmission and protect patients with TB from contracting COVID-19.

Table 4. Recommended adaptive changes on TB Treatment

Adaptive Changes	Specific guidelines
<p>Strict adherence to the provision of DS- and DR-TB treatment management <i>despite restrictions brought by quarantine.</i></p> <p><i>Minimize travel and promote physical distancing by reducing clinic visits during treatment</i></p>	<p>Ensure patient-centered treatment management^[15]</p> <ul style="list-style-type: none"> • Shift to community and home-based treatment as early as enrolment • Consider provision of at least (1) one-month supply of medications to patients and/or treatment supporters as new normal with regular check-in calls or SMS by health worker • Consider flexible clinic hours (sundown clinics operating beyond 5:00 PM), for patients needing face-to-face consult. Also, consider implementing flexible hours for virtual/telephonic consultation. • Implement new measures to monitor treatment adherence and active drug safety monitoring and management: <ul style="list-style-type: none"> ✓ digital adherence technologies (DATs)^[16], telemedicine, tele or e-counseling ✓ hotline for clients ✓ tapping family members as treatment supporters. • Health workers are highly encouraged to conduct virtual/telephonic WEEKLY monitoring of treatment adherence and adverse events (AEs), especially since patients will have less facility visits during their treatment. Timely refer to TB Medical Advisory Committee (TB MAC) all patients with moderate to severe adverse event, and refer to hospital or appropriate specialist, if needed. • Consider roving vehicle to provide supply of medications, collect sputum specimen, and if possible, extract blood sample and perform diagnostic tests (baseline and monthly follow-up lab/dx tests). Consider the inclusion of other health services in the use of roving vehicles to efficiently use resources. Alternatively, the conduct of baseline and monthly follow-up laboratory and diagnostic tests may be through the health facility, or partner diagnostic facility. • Ensure issuance of patient cards, issue special travel pass for treatment monitoring visit with enough travel cost or use of barangay ambulance in areas under Enhanced Community Quarantine.

[15] NTP Manual of Procedures 6th Edition Chapter 3 Treatment of DS and DR-TB; and DM 2020-0177 Reiteration of Policy on the Implementation of Active Drug Safety Monitoring and Management

[16] More examples of DATs are available from StopTB Partnership Information Note: Digital Health Technologies, Virtual Care and Community-based Monitoring Solutions for TB Programmes During the COVID-19 Pandemic and Beyond. One local DAT being used is 99DOTS.

Adaptive Changes	Specific guidelines
<p>Strict adherence to the provision of anti-TB treatment to all diagnosed Drug-susceptible TB (DSTB) cases within five (5) working days from collection of sputum, and seven (7) days for MDR TB</p>	<p>Rapid uptake of all oral regimens.^[17]</p> <p>Fully integrate DS and DR-TB services.</p> <ul style="list-style-type: none"> • Reinforce decentralization and start transition from Phase I to II iDOTS implementation (Please refer to Annex 6 – iDOTS transition models and strategies) which will improve access to treatment and laboratory/diagnostic tests, treatment follow-up by patients, and drug supply. • Ensure allocation of communication allowance to TB coordinators at CHD, LGU and facility level to facilitate patient outreach for treatment compliance. <p>Management of COVID-19 and TB/MDR-TB comorbidity treatment and TB care integration</p> <ul style="list-style-type: none"> • If patient has been diagnosed with COVID-19 before or during TB treatment, treatment for TB shall be started or continued as soon as possible. • Initial care for TB at COVID-19 care facility must be in coordination with TB/MDR TB physician until viral shedding is clear. The patient shall be placed in a COVID-19 facility to avoid unnecessary exposure to COVID-19 by TB/MDR TB care providers and other TB/MDR TB patients.
<p>Treatment response shall be monitored through follow-up smear microscopy (and culture for DR TB) following standard precautions and biosafety.</p>	<p>Sputum collection and transport</p> <ul style="list-style-type: none"> • Follow-up sputum collection at home for SM/culture with submission at the time of drug delivery or refill • Use special sample transport mechanism for culture from treatment facilities to culture laboratories when courier service is suspended. • SM can be done in peripheral sites (RHUs/HCs) with complete PPE, except if confirmed active COVID case.

[17] DM 2020-0074 Implementation of the Key Changes to the Treatment of Drug-Resistant Tuberculosis; and DM 2016 – 0133 Integration of the Programmatic Management of Drug-Resistant Tuberculosis (PMDT) Services into Basic DOTS Services in all Health facilities

PREVENT

Rationale: TB Preventive treatment should continue and be prioritized during this time. The country is currently at 5% coverage for contacts of bacteriologically confirmed TB patients; 9% in children < 5 years old who were household contacts, and 52% in people living with HIV (PLHIV). The country cannot afford to further decrease TPT coverage, since a high TPT coverage is one of the key interventions necessary to substantially reduce TB incidence. The NTP key strategies and actions towards increasing TPT coverage is briefly described in **Annex 7– Brief overview of NTP Key Strategies and Actions towards increasing TPT coverage**.

TB contacts, PLHIV and TB risk groups should be evaluated for eligibility to receive TB preventive treatment. Minimum IPC measures described above should also be in place to limit transmission of TB and COVID-19 in congregate settings and healthcare facilities. Although transmission modes of the two diseases are slightly different, several environmental and personal protection measures apply to both (e.g. basic infection prevention and control, cough etiquette, patient triage). Provision of TB preventive treatment should be maintained as much as possible.

Table 5. Recommended adaptive changes on TB Prevention

Adaptive Changes	Specific Guidelines
Continue to exclude active TB by symptom and Chest X-ray screening prior to initiation of TPT.	Observe the IPC guidelines for case finding activities thoroughly described above.
All healthcare providers shall ensure completion of preventive treatment through methods that promote physical distancing and reduce clinic visits.	<ul style="list-style-type: none"> • Supply TPT medicine for the whole course (if shorter regimen such as 3HP, 3HR, 4R) or 2-3 monthly if 6-H is used. • Implement new measures to monitor treatment adherence and active drug safety monitoring and management using DATs, telemedicine, tele or e-counseling, hotline for clients. • Family members are encouraged to be tapped as treatment supporters.

CROSS-CUTTING AREAS

Table 6. Recommended adaptive changes on cross-cutting issues

Adaptive Changes	Specific Guidelines
Social and Behavior Change using the theme used in the World TB Day and adoption of #TBFREEPH	Add as a simultaneous track, TBFree-TBStrong to highlight resilience in time of crisis. Emphasis will be to support contact investigation initiatives and help find new cases through this strategy.
Human Resource/Capacity Building/ Conduct of Trainings	<ul style="list-style-type: none"> • Regular staffing at TB clinics, deploy additional staff for COVID-19 • Use more online training platforms to train trainers and health workers. • Improve internet capability of NTP and CHDs to host tele-conferences and training • Routing screening for TB, vaccinations, and TPT for health workers
Logistics and Procurement	<ul style="list-style-type: none"> • Procurement of TB logistics at the LGU level within healthcare provider network (HCPN) using Special Health Fund (if mechanisms are already in place). • Stockpiling and buffer stock at national level for 6 months, 12 months preferred. • Outsourcing to Philippine Pharma Procurement Inc. (PPPI) or private agencies for efficiency of commodity supply, lenient policy for interstate border passes for such purpose. • Enforcing use of ITIS for reporting stock availability and move to more frequent reporting.
M&E and Information System:	<ul style="list-style-type: none"> • If with travel limitations, prioritize visits to health facilities in low-risk areas with low case finding of TB. Alternative ways to monitor/coordinate with facilities via virtual/telephonic means. • Proposed shift in DQC and program review methods, best time to position ITIS (online platform) to be utilized by facilities, regional, and national • Facilitate development of mobile application for point of care recording and mainstream paperless recording, use more electronic forms with signature (require policy change) • Establish surveillance of TB-designated health workers with COVID-19.
Public-Private Mix (PPM)	Strengthen policies and its implementation of health monitoring and infection control in workplaces to address potential TB and COVID-19 infections among workers.

Adaptive Changes	Specific Guidelines
<p>Infection Prevention and Control</p> <p>All health facilities are required to have an infection control committee (ICC) – applicable to L2 L3 hospitals</p> <p>All health facilities should have an Infection Control plan in place</p>	<ul style="list-style-type: none"> • Strengthen the Infection Control Committee (ICC) to lead processes.^[18] • SOPs should be in place, updated, aligned with national standards and related to screening, triaging, diagnosis, management and disposition of patients suspected and/or confirmed to have infectious diseases reportable to DOH (i.e., COVID-19, TB) • Compliance inspection on administrative and engineering controls included in routine licensing checklist to sustain implementation to achieve recommended air exchanges for different types of room (i.e. installation of exhaust fans, HEPA filter and UV Lamp especially in congested clinics/hospitals or in enclosed room, disinfection, hand hygiene materials, biosafety protocols, etc. • Health workers screening and vaccination program for common infectious diseases like TB, flu, etc will be reinforced • Posters on hand and cough hygiene and etiquette strategically placed in patient waiting areas, elevators, and other common areas • IPC training (refresher or new) should be routine and documented for all medical staff (doctors, nurses, lab, environmental staff, etc.) • Fit-test training and kit routine for all health facilities with TB services • Strengthened biosafety practices in TB laboratories using standardized training materials, job aids and surveillance system for lab staff • Ensure that cleaning of the health facilities consider the potential contamination of COVID-19. Disinfection frequency shall consider whether surfaces are high-touch surfaces and items (light switches, bed rails, door handles, intravenous pumps, tables, water/beverage pitchers, trays, mobile cart rails and sinks). However, note that all touchable surfaces should be disinfected. Cleaning practices and cleanliness should be regularly monitored. Health workers must be informed of the cleaning schedules and cleaning completion times to make informed risk assessments when performing touch contact with surfaces and equipment, to avoid contaminating hands and equipment during patient care. Frequency of disinfection in a health care setting is tabulated in Annex 3 - Health care setting recommended frequency of cleaning of environmental surfaces, according to patient areas with suspected or confirmed COVID-19 patients • Provide complete PPE for hospital utility workers. See infographic in Annex 4 - Infographics and other communication material templates

[18] AO 2016-002 “National Policy on Infection Prevention and Control in Healthcare Facilities”

ESTIMATING THE INVESTMENT REQUIREMENTS OF THE NTP ADAPTIVE PLAN

The measures and procedures indicated in the NTP Adaptive Plan (NAP) entails additional investment requirements to ensure implementation. These investment requirements need to be costed so that implementors such as the National Government and Local Government Units (LGUs) can allocate sufficient funding.

METHODOLOGY

The Updated Philippine Strategic TB Elimination Plan, Phase 1 (PhilSTEP1) has estimated the resources required to implement the identified medium-term TB elimination strategies. The costing of the Updated PhilSTEP1 covers 2020 to 2023, with an estimated PHP 61.2 billion requirement to implement PhilSTEP1 strategies.

The first step to estimating additional investment requirements for the NAP involved the comparison of cost items that are already costed in the Updated PhilSTEP1 versus the cost items to be costed under the NAP. Only cost items not costed in PhilSTEP1 were considered for estimating NAP investment requirements. Once the NAP cost items were identified, parameters and unit costs were gathered from review of related references and stakeholder consultations.

The NAP costing only covers costs of implementation of TB services from July to December 2020 and for CY 2021. Price estimates for 2021 were adjusted using the 2020 CPI for health products and services. The costing is categorized per cascade of care, and any duplication of cost items per cascade were already considered and addressed. The estimation of additional investment requirements considers only additional cost items due to the adaptive measures proposed. However, this costing exercise does not take into account modifications to the costing of the PhilSTEP1 given possible changes on how strategies are implemented under the new normal. The NAP costing also assumes no changes in NTP targets despite interruptions in TB services caused by the COVID-19 pandemic. For 2020, since costs were only estimated for half the year, it was assumed that only half the NTP targets will be covered during this duration.

NTP Adaptive Plan Costing Worksheet

The NAP costing worksheet contains the following tabs:

1. NAP Costing Summary tab –contains the summary of investment requirements per cascade of care and per NAP activity.
2. Assumptions tab – contains the complete list of assumptions adopted for each NAP cost item.
3. NAP Matching – shows the matching of NAP activities to corresponding PhilSTEP1 activities. Cost calculations are organized based on Pre-COVID and Post-COVID cost items, wherein the Pre-COVID columns show cost estimates from the updated PhilSTEP1 costing. Under the Post-COVID columns, NAP cost items that are not yet costed in PhilSTEP1 are listed and corresponding investment requirements are calculated using the unit costs collected and assumed quantities.
4. Unit Cost_NAP – contains the list of unit costs used for NAP cost items and their corresponding sources. Whenever available, prices from the PhilGEPS database were used. Additional price data was obtained from PhilSTEP1 unit costs, market/retail prices, and stakeholders inputs.
5. Parameters – this contains the list of parameters used in the estimations such as the number of facilities providing TB care, number of laboratories, and number of health workers.

6. PPE – the sheet contains the list of Personal Protective Equipment requirements for each health care worker per type of facility. The type and number of PPEs to be used by each health worker were based on the prescribed PPE detailed in the NAP. For health care workers in laboratories, the PPE requirement was based on the PPE Requirement Survey conducted by USAID partners.
7. Tabs from PhilSTEP1 Costing – The Targets and Unit Cost_Others tab are taken from the costing worksheet of PhilSTEP1. These worksheets were used for computations under the Pre-COVID columns. PhilSTEP1 targets were also used in estimating Post-COVID costs given the assumption that the NTP targets will be retained in the NAP costing.

Costing Methodology per Cascade of Care

SCREENING

Estimating resource requirements for screening, specifically for PPEs and IPC materials, required a computation on the number of days that case finding activities will be conducted. The number of days for ACF, ECF, and contact tracing were computed based on the total target to be screened and the assumed number of patients to be screened per day. For ICF, the recommended number of days for an ICF activity is 96 days^[19] (4 days per week for six months). This number is then multiplied to the number of health facilities that will conduct ICF activities (i.e. DOTS hospitals, RHUs and health centers, private DOTS clinics).

For PPE estimation, five (5) BHWs is assumed to be deployed for each ACF activity, including one radiologic technologist and one health care worker for sputum collection. For screening in facilities or ICF, PPEs were estimated for triage nurses and sputum collectors that will assist patients. The PPE requirement for radiologic technologist in ICF is assumed to be already provided by the health facility. For ECF, ten (10) BHWs is assumed to be deployed for house-to-house screening and each BHW will be provided with surgical mask and gloves. Additional PPE requirements for sputum collection (in case patients will need assistance) is accounted for under the PPE estimates in the testing and diagnosis cascade.

Limited mobility during the COVID-19 pandemic also necessitate shifting to telephonic case finding. The NAP estimation assumes a 50%-50% distribution of cities and municipalities that will conduct community case finding and telephonic case finding. For those implementing the latter, communications cost of Php 1,000 per LGU is assumed to be spent monthly.

Another significant recommendation of the NAP is the use of co-screening of TB and COVID-19 using the prescribed screening form. Assuming that not all facilities will be adopting the recommended form, the estimation of printing costs used half of the number of clients to be screened for all screening and contact tracing activities multiplied by the printing cost per screening form.

TESTING AND DIAGNOSIS

To ensure continuation of testing and diagnosis of presumptive TB patients, transportation mechanisms should be in place to deliver sputum specimens collected from ECF and contact tracing to designated laboratories. These mechanisms are costed in the NAP assuming that all Rapid TB Diagnostic Laboratories (RTDLs) will be assigned one sputum transport rider (STRider). This assumption is also adopted for the costing of PPEs, IPC materials, and sputum packaging materials needed in transporting sputum samples. Payments to additional STRiders was also costed assuming that all RTDLs will be employing the services of STRiders as the transportation mechanism for sputum specimens. Payments to STRiders were adopted from the costs specified in the PhilSTEP1 costing.

[19] FHI360, 2020

For processing of sputum specimen, recommended number of PPEs for health workers were taken from the PPE Requirement Survey conducted by USAID implementing partners. Estimation of PPEs under this cascade also includes a 10% buffer adjustment to account for possible PPE requirements from screening and follow-up sputum collections, in case patients need to be assisted during sputum collection.

Results of sputum tests should be communicated to patients and physicians in order to facilitate timely treatment. This mechanism is costed based on the number of laboratories (TML, RTDL, and culture labs) and the assumed communications cost of Php 1,000 per month.

TREATMENT

Adaptive strategies identified for treatment focused on home or community-based approaches which includes monthly delivery of drug refills for DSTB and DRTB patients as well as conduct of follow-up sputum collection at home. Costs for sputum collection were estimated using the target number of DSTB and DRTB patients notified and treated as indicated in the PhilSTEP1. For DSTB patients, the cost of three (3) follow-up sputum tests (to be done every other month throughout the course of treatment) was estimated, while for DRTB patients, the cost of monthly follow-up sputum tests was estimated, in compliance with NTP protocols. An allocation of Php 20 per patient was provided for costs of home or community visits by BHWs, similar to what has been allocated for BHWs for conduct of home screening under the PhilSTEP1 ECF strategy. It is assumed that STRiders will also be utilized for transport and delivery needed for treatment follow-up. Costs for the STRiders are not included in cost estimates of the Treatment cascade to prevent duplication with Testing and Diagnosis.

PPE costs for health care workers involved in monthly patient visits (for drug refills and/or follow-up sputum collection) was also estimated. In calculating the needed resource requirements for PPEs, the total number of days that patient visits will be conducted was computed. The number of days was estimated based on the total targets for the number of DSTB and DRTB patients undergoing treatment, the assumed number of patient visits that can be conducted by a single health care worker per day, and the number of visits needed for each DSTB and DRTB patient. For the calculation, it was assumed that one (1) health care worker will monitor treatment of 20 patients, and that visits for these 20 patients will be conducted in a single day. This estimate is expected to vary depending on the prevalence and spread of TB within a given locality. One pair of gloves and one surgical mask per BHW per day was considered in the costing, with the assumption that patients will not require the assistance of BHWs for sputum collection. To cover costs required for patients that need assistance for sputum collection during follow-up visits, a buffer for more stringent PPE measures (i.e. N95, surgical gown, face shield, and head cover) was costed for under the Testing and Diagnosis portion of the cascade of care.

Communication costs for facilities providing TB care and CHDs conducting patient outreach for treatment compliance was estimated based on a monthly allocation of Php 1,000 per facility or CHD. Communications costs for laboratories are estimated under the Testing and Diagnosis cascade.

PREVENTION

Completion of preventive treatment shall be ensured through methods that promote physical distancing and reduce clinic visits. This entails 2-3 monthly delivery of drug refills and using remote patient monitoring mechanisms. The cost for regular drug refills was based on the target number of LTBI treatment as indicated in the PhilSTEP1, the six-month duration of LTBI treatment, and delivery of drug refills every two (2) months. Surgical masks for health care workers involved in monthly drug delivery was estimated using the same assumptions used in estimating PPEs for Treatment. Communication costs for treatment monitoring of LTBI patients are estimated under the Treatment cascade.

ADDITIONAL INVESTMENT REQUIREMENTS

Table 1 shows the resource requirements from the updated PhilSTEP1 and the NTP Adaptive Plan. For the second half of 2020, an additional PhP 475.8 million is needed to implement NAP measures and procedures while an additional PhP 954.5 million is needed for 2021. In total, the resources needed to implement TB services is PhP 11.7 billion for 2020 and PhP 15.9 billion for 2021. However, it should be noted that the funding requirement indicated under PhilSTEP1 does not yet reflect potential changes on how PhilSTEP strategies will be implemented as part of the new normal. This amount may still increase or decrease once an in-depth review of PhilSTEP strategies and its corresponding costing is conducted.

Table 1. Additional Investment Requirements under the NTP Adaptive Plan

	2020	2021
Updated PhilSTEP1 Resource Requirement	11,226.4	14,915.6
NTP Adaptive Plan Investment Requirement	475.8 ²	954.5
TOTAL	11,702.1	15,870.1

In terms of TB cascade of care, Screening has the highest additional investment requirement with PhP 433.5 million needed for 2021. This amount covers additional PPEs and IPC measures to be conducted during case finding and contact tracing activities. The Testing and Diagnosis cascade takes up 39% (PhP 368.6 million) of the total requirement for 2021, which includes costs for PPE and IPC measures as well as extra costs for the home or community collection and transport of sputum from presumptive TB patients. On the other hand, the Treatment cascade requires additional PhP 144.7 million in 2021 for communication costs due to the shift to telephonic treatment monitoring, home or community follow-up sputum collection, as well as transport of sputum (for follow-up) and monthly drug refills for DSTB and DRTB patients. Lastly, additional investment required to implement TB Preventive measures amounting to PhP 7.7 million is for drug refills of LTBI receiving TPT every two months.

Table 2. Additional Investment Requirements per Cascade of Care, in million PhP

Cascade of Care	2020 ^[20]	2021
Screening	216.7	433.5
Testing and Diagnosis	189.9	368.6
Treatment	67.0	144.7
Prevention	2.1	7.7
TOTAL	475.8	954.5

Table 3 presents the breakdown of NAP cost items per category. The highest allocation is for personal protective equipments (PPEs) for health care workers, with an additional requirement of PhP 455.9 million for 2021. This covers all health care workers involved in TB service delivery – from community health workers to staff in health facilities – across the cascade of care. Another key component of the NAP is the introduction of various mechanisms to enhance infection prevention and control (IPC) such as regular disinfection of equipment and vehicles and triaging of patients. The required additional investment requirements for IPC amounts to PhP 271.4 million for 2021. Meanwhile, with the focus on home or community treatment, additional costs are also required to collect sputum specimen from TB presumptives and diagnosed patients, sputum transport for testing in designated laboratories, as well as for transport of monthly drug refills for patients undergoing treatment. The additional cost for this mechanism is estimated to be PhP 117.3 million.

[20] Covers July to November 2020

To protect patients from contracting COVID-19 in facilities during consultations, there is an expected shift to telephonic screening and treatment monitoring. This will entail additional communication costs of PhP 105.8 million for health facilities and laboratories. Lastly, the NAP recommends the co-screening of both TB and COVID-19 in patients during screening, which will require an additional cost of PhP 4.1 million to cover the target number of clients to be screened through ACF, ECF, ICF, and contact tracing.

Table 3. Additional Investment Requirements per Cost Category in million PhP

Cost Category	2020 ²	2021
1. Personal protective equipment (PPEs) of health care workers	218.9	455.9
2. Infection Prevention and Control	140.7	271.4
3. Specimen collection and transport mechanism	63.6	117.3
4. Communications allowance	51.1	105.8
5. Printing costs of screening questionnaires	1.5	4.1
TOTAL	475.8	954.5

Annex 1 – Type of mask for use by health workers depending on transmission scenarios, setting and activity^[21]

The table below refers to the use of medical masks and respirators. Note that medical masks and respirators should be certified according to international or national standards.

The use of medical masks and respirators may need to be combined with other personal protective equipment and other measures as appropriate, and always with hand hygiene. Further, based on the available evidence on effectiveness of different masks, the type of mask (medical mask vs respirator) to be used will depend on transmission scenarios, settings and activities. Also, depending on values, preferences and availability, respirators could also be used when providing direct care to suspect or confirmed COVID-19 patients in other settings.

Face shield with proper design may be considered as an alternative to medical mask in the context of mask shortage. Note that non-medical/cloth/fabric masks is NOT considered appropriate for protection.

It is essential for health workers to know the appropriate use and disposal of masks to ensure its effectiveness and to avoid any increase in transmission.

Who	Setting	Activity	What type of mask?
Health worker	Healthcare facility	In patient care area irrespective if patients are COVID-19 suspect/confirmed	Medical mask (targeted continuous medical masking)
		When in contact with suspect or confirmed COVID-19 patient	Medical mask
	Healthcare facility (including long term care facility), in settings where aerosol generating procedures (AGP) are performed	Performing AGP on a suspect or confirmed COVID-19 patient or providing care in a setting where AGPs are in place for COVID-19 patients	Respirator (N95 or N99 or FFP2 or FFP3)
		Sputum collection and sputum analysis (where aerosolization of the samples may take place)	
Personnel (working in healthcare facilities but not providing care for patients, e.g., administrative staff)	Healthcare facility	No routine activities in patient areas	Medical mask not needed. Medical mask should be considered only if in contact or within 1 meter of patients, or according to local risk assessment.
Health worker	Home visit	When in direct contact or when distance of at least 1 meter cannot be maintained	Consider using a medical mask
		Assistance in sputum collection (where aerosolization of the samples may take place)	Respirator (N95 or N99 or FFP2 or FFP3)
	Home care	When in close contact or when a distance of at least 1 meter cannot be maintained from a suspect or confirmed COVID-19 patient	Medical mask
	Community	Community outreach programs	Consider using a medical mask
Community workers/BHWs	Home visit	Assistance in sputum collection (where aerosolization of the samples may take place)	Respirator (N95 or N99 or FFP2 or FFP3)
	Community	Community outreach programs	Consider using a medical mask

[21] Adapted from World Health Organization Advice on the use of masks in the context of COVID-19. Interim guidance June 5 2020

Annex 2 – Matrix of recommended PPE according to Activity

Activity	Who should wear	Gloves	Disposable Lab Gown*	Dedicated Lab Shoes and/or Shoe Cover	Head Cover	Face Shield / Googles	Fit-tested N95, N100, P100 respirator**
Specimen Collection (if accompanying patient to collect)***	Collection unit staff	Double gloves recommended	Recommended		Based on risk assessment	Based on risk assessment	Recommended
Specimen Packaging	Collection unit staff	Double gloves recommended	Recommended	Recommended	Based on risk assessment	Based on risk assessment	Recommended
Receiving of Sealed Specimen Package and Accompanying Documents	Laboratory staff	Recommended	Recommended				Based on risk assessment (face mask may be used as substitute based on risk assessment)
Specimen Transport	Specimen transporter	Recommended					Based on risk assessment (face mask may be used as substitute based on risk assessment)
Unboxing of Specimen Package for Specimen Receiving, Sorting and Verification	Laboratory staff	Double gloves recommended	Recommended	Recommended	Based on risk assessment	Based on risk assessment (recommended if no BSC)	Recommended
Specimen Processing	Laboratory staff	Double gloves recommended	Recommended	Recommended	Recommended	Based on risk assessment (recommended if no BSC)	Recommended
Decontamination of Transport Boxes and Biological Spills, and Handling of Laboratory Waste for Decontamination****	Laboratory staff	Double gloves recommended	Recommended	Recommended	Based on risk assessment	Recommended	Recommended
General surface decontamination	Health facility and laboratory staff	Recommended	Based on risk assessment	Based on risk assessment	Based on risk assessment	Based on risk assessment	Based on risk assessment (face mask may be used as substitute based on risk assessment)

* Impermeable/breathable, long sleeves, back enclosure

** PAPR may be used in case of failed respirator fit

*** Specimen collection at home is preferred to reduce risks for health worker

**** Refer to reference documents for procedure on biological spill response and healthcare/laboratory waste decontamination

References:

- World Health Organization. (2020, May 13). *Laboratory biosafety guidance related to coronavirus disease (COVID-19)*. Geneva: World Health Organization.
- RITM Biorisk Management Office. (2020, March 15). *Interim Biosafety Guidelines for Laboratories Handling and Testing SARS-COV-2 (COVID 19) Specimen*, Version 2. Muntinlupa: Research Institute for Tropical Medicine.
- Department of Health. (2020, February 3). *Interim Guidelines for 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCoV ARD) Response in Hospitals and Other Health Facilities*. Manila: Department of Health.

Annex 3 – Health care setting recommended frequency of cleaning of environmental surfaces, according to patient areas with suspected or confirmed COVID-19 patients

Patient area	Frequency ^[22]	Additional guidance
Screening/triage area	At least twice daily	Focus on high-touch surfaces, then floors (last)
Inpatient rooms/cohort occupied	At least twice daily, preferably three times daily, in particular for high-touch surfaces	Focus on high-touch surfaces, starting with shared/common surfaces, then move to each patient bed; use new cloth for each bed if possible; then floors (last)
Inpatient rooms- unoccupied (terminal cleaning)	Upon discharge/transfer	Low-touch surfaces; high-touch surfaces, floors (in that order); waste and linens removed, bed thoroughly cleaned and disinfected.
Outpatient/ambulatory care rooms	After each patient visit (in particular for high-touch surfaces) and at least once daily terminal clean	High-touch surfaces to be disinfected after each patient visit. Once daily low-touch surfaces, high-touch surfaces, floors (in that order); waste and linens removed, examination bed thoroughly cleaned and disinfected.
Hallways/corridors	At least twice daily (can be once a day if hallways are not frequently used)	High-touch surfaces including railings and equipment in hallways, then floors (last)
Patient bathrooms/toilets	Private patient room toilet: at least twice daily Shared toilets: at least three times daily	High-touch surfaces, including door handles, light switches counters, faucets, then sink bowls, then toilets and finally floor (in that order) Avoid sharing toilets between staff and patients

[22] Environmental surfaces should also be cleaned and disinfected whenever visibly soiled or if contaminated by a body fluid (i.e., blood).

Annex 4 – Infographics and other communication material templates^[23]

TB HEALTH PROMOTION AND COMMUNICATION DURING COVID-19 QUARANTINE

The pandemic of 2019 novel coronavirus disease (COVID-19) has undoubtedly affected healthcare behaviors of Filipinos. Messages about handwashing, cough manners and social distancing measures have been prominently featured in mass and online media. Individuals and families affected by active tuberculosis disease may need more information about how COVID-19 relates to them.

In light of the pandemic, the Department of Health (DOH) is in a critical and credible position to deliver more aggressively key messages on lung wellness, cough etiquette, personal hygiene, infection control and stigma mitigation not only for COVID-19 but also for tuberculosis. On March 16, DOH issued a Department Memorandum ensuring continuous TB services for individuals currently undergoing treatment for TB. On March 20, the World Health Organization (WHO) disseminated an information note about TB and COVID-19.

Based on these reference documents, we outline here key messages for intended audiences, touchpoints and communication channels.

KEY MESSAGES

Persons with active TB. The key behavior message for persons with active TB is to continue treatment. This key message will be supported by other supporting messages on how to ensure that TB treatment is not disrupted during the COVID-19 enhanced community quarantine.

Persons with symptoms. The key behavior message for persons experiencing symptoms suggestive of COVID-19 is to seek immediate consultation. It is important to educate them about the symptoms for COVID-19 and TB and the services that health facilities can provide.

Health workers. The key behavior messages for health workers are to practice infection prevention and control (IPC) measures and monitor the status of enrolled patients. Health workers are pushed to their limits because of the COVID-19 pandemic and they also need to feel that they have the support of the government and the private sector.

It is also important that gender-sensitive behavior messages for individuals affected by TB across the TB continuum of care be reinforced. These behaviors may be promoted as “Gawaing WAIS” (Wise Practices) to align with the DOH overall health campaign for Universal Healthcare. To support these key behavior messages, information about lung wellness, cough manners, personal hygiene, social distancing, and stigma mitigation is needed. Refer to the sample message matrices below.

COMMUNICATION CHANNELS/TOUCHPOINTS

Because of the limited mobility during the COVID-19 quarantine, health promotion and communication will rely heavily on online/social media platforms. However, there is a need to provide health workers with job aids, frequently asked questions (FAQ) sheets and communication materials for their clients who go to the health facilities.

	Online media	Health facility
<i>Persons with active TB</i>	Facebook post YouTube video	Poster
<i>Persons with symptoms</i>		Flyer Brochure
<i>Health workers</i>		Job aid

[23] High resolution copies of the infographics are available from https://drive.google.com/drive/folders/1gOhrMRYObpB72CjlqAXyb5EDkyq_Qa-I. For more information you may reach out to Nilo Yacat and Jared Enriquez, Demand Generation team of TB Innovations and Health Systems Strengthening project at NYacat@fhi360.org and FEnriquez@fhi360.org. All materials presented here have been approved by NTP, Health Promotion and Communication Services-DOH, and USAID.

SAMPLE MESSAGE MATRICES

Persons with Active TB

Key message: Continue your TB treatment at home.		
Supporting messages:		
COVID19 affects mainly the lungs and airways. Keep your lungs healthy during the quarantine by continuing your treatment.	DOH will give you a one-month supply of your TB medicines.	Call your TB clinic about the ways to get your one-month supply of TB drugs.
Ask the support of a loved-one to become a treatment partner and remind you about taking your medicines on time. Use a calendar or alarm clock as a reminder.	Take your medicines daily as instructed. Do not miss a dose.	Your TB nurse will call you up every two weeks to remind you about your treatment and check your health and well-being.
There are some potential undesirable side effects of medicines that include nausea, vomiting, rashes, itchiness and joint pains. But you may or may not experience them.	Inform your treatment supporter and your TB nurse about these side effect while on TB medications, especially severe ones like rashes with fever and yellowing of eyes, skin, dark urine or pale stool.	Report and follow your health worker's advice. Get checked up immediately if symptoms occur while on treatment.

Persons with Symptoms

Key message: Seek immediate consultation.		
Supporting messages:		
Your lungs are the first vital organ in your body to age.	Lungs and airways are most vulnerable to airborne germs like the TB bacteria and COVID-19.	Learn more about lung wellness.
Sneezing and coughing are natural responses of your body to expel irritants from your nose, throat or lungs.	People who are close to or around you may breathe in these germs and become infected.	Cover mouth and nose when sneezing or coughing. Observe social distancing. Wash your hands with soap and water.
Old age, malnutrition, heavy smoking, weak immune system, being a person living with human immunodeficiency virus (PLHIV) and chronic conditions like diabetes and renal disease are among the risk factors that make people vulnerable to both COVID-19 and TB.	Symptoms for COVID-19 like cough, fever, and difficulty in breathing are also similar with TB.	Get checked up immediately if you have any of these risk factors and the symptoms for TB or COVID-19.

Health Workers

Key message 1: Practice infection prevention and control measures.		
Supporting messages:		
Signs and symptoms for COVID-19 like cough, fever, and difficulty in breathing overlap with TB.	At your triage area, screen persons presenting with these signs and symptoms and provide them with medical masks.	Refer persons with signs and symptoms for COVID-19 care or TB check-up and treatment.

Educate clients about COVID 19 and TB.	Educate clients about cough manners, handwashing, and importance of segregation and social distancing.	Enforce social distancing (distance of 1 meter between persons) to avoid congestion in the facility.
On a regular basis, disinfect surfaces and dispose of trash properly.	Ensure proper ventilation by opening doors and windows.	If available, use ultra-violet (UV) lights on
Wear personal protective equipment (PPE) all the time at the health facility.	Keep safe and stay healthy.	Talk to your colleagues and loved-ones about your overall well-being.
Key message 2: Monitor the status of enrolled patients.		
Supporting messages:		
DOH issued a memorandum allowing enrolled patients to receive one-month supply of TB drugs.	Uninterrupted treatment of enrolled patients increases chances of treatment success.	Have an updated stock inventory.
Inform enrolled patients about how to secure one-month supply of TB drugs.	Educate enrolled patients about home-based treatment with a treatment partner.	Ensure that enrolled patients have received their one-month supply of TB drugs.
Enrolled TB patients experience different side effects.	Side effects may discourage enrolled patients to continue treatment.	Call up your enrolled patients every two weeks for treatment compliance and management of side effects.

REINFORCEMENT OF BEHAVIOR MESSAGES ACROSS CONTINUUM OF TB CARE

It is also important that behavior messages for individuals affected by TB across the continuum of TB care be reinforced:

Cascade	Health Behaviors
Screening	Identify or recognize symptoms. Get your chest X-ray.
Diagnosis	Seek prompt care/Get checked up immediately. Get tested for TB.
Treatment	Do not self-medicate. Take your medicines daily. Complete your treatment regimen.
Prevention	Take care of your lungs. (Exercise; avoid smoking) Stay at home and practice social distancing. Practice cough manners (Cover mouth & nose when sneezing or coughing. Use tissue/sleeves.) Wash your hands with soap and water. Keep home clean, disinfected and well-ventilated. Support a person with TB.

SAMPLE SOCIAL MEDIA CARDS

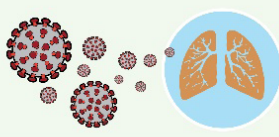
Frequently Asked Questions about TB and COVID-19

MAY TB AKO. PAANO NA?
at iba pang mga Tanong tungkol sa TB sa Panahon ng COVID-19

Ano ang COVID-19?

- Ang 2019 novel coronavirus disease (COVID-19) ay isang nakakahawang sakit na sanhi ng bagong coronavirus.
- Pangunahing naipakita ng COVID-19 ang iyong mga bago at lalamunan.

Tuloy ang buhay.
Tuloy ang gamutan.




TB FREE TBSTRONG **#TBFreePH**

MAY TB AKO. PAANO NA?
at iba pang mga Tanong tungkol sa TB sa Panahon ng COVID-19

Paano nakahahawa ang COVID-19?

- Mahahawa ka mula sa isang taong may COVID-19 sa pamamagitan ng close contact. Kapag siya ay hindi nagtatakip ng bibig sa kanyang pag-uupo o pagbating, sa tuwing nakikipag-usap, maglalabas siya ng mga "droplets" at kung ikaw ay malapit sa kanya, maaari mong malanghap ang virus na nasa "droplets".
- Bumabagsak din ang mga "droplets" nang 1-2 metro mula sa taong may COVID-19 papunta sa surfaces o mga bagay na hinahawakan.
- Maaari mong mahawakan ang mga ito. Maliliit sa iyong katawan ang virus kapag hinahawakan mo na ang iyong mga mata, ilong, o ibabang bahagi ng katawan.

Tuloy ang buhay.
Tuloy ang gamutan.



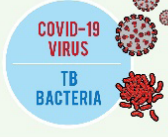
TB FREE TBSTRONG **#TBFreePH**

MAY TB AKO. PAANO NA?
at iba pang mga Tanong tungkol sa TB sa Panahon ng COVID-19

Ano ang pagkakaiba ng COVID-19 sa TB?

- Ang COVID-19 ay sanhi ng isang virus, samantalang ang TB ay galing naman sa isang bacteria, ang *Mycobacterium tuberculosis*.
- Nakukuha ang TB bacteria sa paglanghap sa hangin may bacteria. Hindi ito naisasalin sa paghawak ng mga bagay o mga ibabaw ng mga kasangkapan.
- Mas maliis ang paglabas ng mga sintomas ng COVID-19 kaysa TB.

Tuloy ang buhay.
Tuloy ang gamutan.



TB FREE TBSTRONG **#TBFreePH**


MAY TB AKO. PAANO NA?
at iba pang mga Tanong tungkol sa TB sa Panahon ng COVID-19

Ano-ano ang mga sintomas ng COVID-19 at TB?

COVID-19
Maliis ang paglabas ng mga sintomas sa pagitan nang 2 hanggang 14 araw pagkatapos ma-expose sa virus.

TB
Samantalang, hindi agad-agad lumalabas ang sintomas ng TB. Maaaring umabot ng 1-2 taon bago tuluyang magkaroon ng sakit ng TB ang isang taong na-expose sa TB bacteria.

Tuloy ang buhay.
Tuloy ang gamutan.



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MAY TB AKO. PAANO NA?
at iba pang mga Tanong tungkol sa TB sa Panahon ng COVID-19


Posibleng may COVID-19 ka kung nakararanas ka ng:

- Ubo
- Hirap o kapos sa paghinga
- O kahit 2 sa mga sumusunod:
- Lagnat
- Masakit na ubo
- Panginigaw o pangalamang
- Nanamagang talonunan
- Panginig
- Kawalat ng panlasa o pang-amay
- Panasakit ng kalamnan

Posibleng may TB ka kung ikaw ay nakararanas nang 2 linggo o higit pa ng isa sa mga sumusunod:

- Ubo
- Hindi malipitwang na lagnat
- Hindi malipitwang na panamamay
- Pagpapawis sa gabi

Tuloy ang buhay.
Tuloy ang gamutan.




TB FREE TBSTRONG **#TBFreePH**

MAY TB AKO. PAANO NA?
at iba pang mga Tanong tungkol sa TB sa Panahon ng COVID-19

Meron akong TB. Mas delikado ba ako na magkaroon ng COVID-19?

- Kung may TB ka ngayon, mag-double ingat upang hindi ka mahawan ng COVID-19 para di na makadagdag hirap pa sa iyong bago.
- Lalong pinapagatip kung ikaw ay senior citizen, o may iba pang kuramdaman tulad ng diabetes at sakit sa puso.

Tuloy ang buhay.
Tuloy ang gamutan.



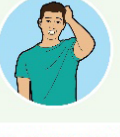
TB FREE TBSTRONG **#TBFreePH**

MAY TB AKO. PAANO NA?
at iba pang mga Tanong tungkol sa TB sa Panahon ng COVID-19

Meron daw akong latent TB infection. Mas delikado ba ako na magkaroon ng COVID-19?

- Ang latent TB infection (LTBI) ay ang pagkakaroon ng "tuberculosis" na TB bacteria sa iyong katawan. Wala ka pang nararamdaman ang mga sintomas. Maaaring ikaw ay nahawa na sa isang ka-pamilya o ka-trabaho na mayroong TB kahit na ikaw ay wala pang sintomas na nararamdaman.
- Kung ikaw ay na-diagnose na mayroong latent TB infection, mas mabuting mag-TB Preventive Treatment (TPT) ka upang malaban ang LTBI.
- Maaari mong tanungin ang doktor sa pinakamalapit na health center tungkol sa TB Preventive Treatment.

Proteksyunan ang iyong sarili laban sa COVID-19.
Tuloy ang buhay.
Tuloy ang gamutan.




TB FREE TBSTRONG **#TBFreePH**

MAY TB AKO. PAANO NA?
at iba pang mga Tanong tungkol sa TB sa Panahon ng COVID-19

Paano ko mapo-proteksyunan ang sarili laban sa COVID-19?

- Mantali sa bahay.
- Magputol ng face mask tuwing labas ng bahay o sa lansangan.
- Sundin ang physical distancing o ang paglayo nang 1-2 metro mula sa mga kasama o ibang mga tao.
- Maghugas-palaging ng kamay gamit ang sabon at malinis na tubig o hand sanitizer na may 70% isopropyl/ethyl alcohol.
- Lusin ang mga bagay na madalas mong hawakan (doorknob, light switch, wallet, cellphone, TV remote control, etc.) gamit ang pamunas na may alcohol, disinfectant, o household bleach.

Tuloy ang buhay.
Tuloy ang gamutan.




TB FREE TBSTRONG **#TBFreePH**

MAY TB AKO. PAANO NA?
at iba pang mga Tanong tungkol sa TB sa Panahon ng COVID-19

Meron akong pulmonary TB. Ano ang dapat kong gawin kung meron din akong sintomas ng COVID-19?

- Kung ikaw ay may pulmonary TB, dapat mong ipagpatuloy ang iyong pagpapagamot. Siguraduhing mayroon kang gamot para sa loob ng isang buwan.
- Bago pa maubos ang iyong mga gamot, tumawag sa iyong TB clinic o health center para sa supply mo sa susunod na buwan.
- Kapag nakararamdaman ka ng mga pangunahing sintomas ng COVID-19 habang nagpapagamot laban sa TB, tumawag sa iyong TB clinic at magpa-refer sa pinakamalapit na ospital.

Tuloy ang buhay.
Tuloy ang gamutan.




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MAY TB AKO. PAANO NA?
at iba pang mga Tanong tungkol sa TB sa Panahon ng COVID-19

Meron akong sintomas ng COVID-19 pero negative ang resulta ng aking swab test. Lumabas naman sa chest X-ray na posibleng may TB ako. Ano ang dapat kong gawin?

- Laganap ang TB sa Pilipinas. Kapag tiniyak ng iyong doktor na wala kang COVID-19, dapat magpa-test ka sa TB laon na kung lumagal ang iyong ubo nang 2 linggo o higit pa at hindi ito nagagamot ng niresetang antibiotics.
- Kung ang COVID-19 test ay gumagamit ng rose or throat swab, kailangan mo namang magbigay ng sputum specimen (1 mL) para sa tinatawag na Xpert MTB/RIF test. Maliis lumalabas ang resulta ng Xpert MTB/RIF at libre ito sa pampublikong ospital o laboratory.
- Magtanong sa iyong doktor tungkol sa TB test.

Tuloy ang buhay.
Tuloy ang gamutan.



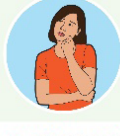
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MAY TB AKO. PAANO NA?
at iba pang mga Tanong tungkol sa TB sa Panahon ng COVID-19

Mayroon bang preventive treatment laban sa COVID-19 at TB?

- Mayroong libreng TB Preventive Treatment o TPT sa mga pampublikong ospital, health center o TB clinic kung may exposure ka sa isang taong may active TB o kung maliyak na may latent TB infection (LTBI) ka.
- Samantalang, wala pang preventive treatment laban sa COVID-19. Tanging physical distancing at ang matatlas na paghuhugas ng kamay gamit ang tubig at sabon sa loob ng 20 segundo o paggamit ng 70% ethyl/isopropyl alcohol rub o gel ang pinakamabuting paraan laban sa COVID-19.
- GINAGAWA PA NG MGA EKSPERTO ANG BAKUNA LABAN SA COVID-19 AT TINATAYAG MAGiging available ito sa susunod na taon.

Tuloy ang buhay.
Tuloy ang gamutan.




TB FREE TBSTRONG **#TBFreePH**

Messages Across Continuum of TB Care

HUWAG MAGMINTIS SA GAMUTAN

Tumawag sa iyong TB clinic o health center para sa one-month supply ng mga gamot.

*Tuloy ang buhay.
Tuloy ang gamutan.*




TB FREE TB STRONG **#TBFreePH**

HUWAG MAGMINTIS SA GAMUTAN

Inumin ang iyong mga gamot araw-araw, sa takdang oras, o ayon sa payo ng doktor o nurse.

*Tuloy ang buhay.
Tuloy ang gamutan.*




TB FREE TB STRONG **#TBFreePH**

HUWAG MAGMINTIS SA GAMUTAN

Maghanap ng taong iyong mapagkakatiwalaan bilang iyong treatment partner.

*Tuloy ang buhay.
Tuloy ang gamutan.*




TB FREE TB STRONG **#TBFreePH**

HUWAG MAGMINTIS SA GAMUTAN

Kukumustahin ka ng iyong TB nurse para ma-check ang iyong kalagayan at kalusugan.

*Tuloy ang buhay.
Tuloy ang gamutan.*




TB FREE TB STRONG **#TBFreePH**

HUWAG MAGMINTIS SA GAMUTAN

Mag-text o tumawag sa iyong TB nurse kung malapit nang maubos ang iyong mga gamot para madagdagan muli ang iyong supply.

*Tuloy ang buhay.
Tuloy ang gamutan.*




TB FREE TB STRONG **#TBFreePH**

HUWAG MAGMINTIS SA GAMUTAN

Sabihan ang iyong treatment partner o tumawag agad sa iyong TB nurse kung may maramdamang hindi kanais-nais habang umiinom ng iyong gamot.

*Tuloy ang buhay.
Tuloy ang gamutan.*



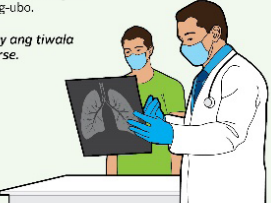
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TIBAYAN ANG DIBDIB

Pinag-aaralan pa rin ng mga dalubhasa ang COVID-19 bilang isang sakit. Kung may TB ka ngayon, mag-doble ingat upang hindi ka mahawaan ng COVID-19 dahil mas mahina ang resistensya mo kumpara sa ibang tao.

Magpa-test agad kung makaramdam ng sintomas ng COVID-19 tulad ng mataas na lagnat, hirap sa paghinga, at pag-ubo.

Tuloy ang buhay. Tuloy ang tiwala sa iyong doktor at nurse.




TB FREE TB STRONG **#TBFreePH**

TIBAYAN ANG DIBDIB

Tumawag sa iyong TB nurse para sa iyong one-month supply ng gamot laban sa TB.

*Tuloy ang buhay.
Tuloy ang gamutan.*



TB FREE TB STRONG **#TBFreePH**

TIBAYAN ANG DIBDIB

Ipasuri ang plema sa araw na itinakda ng iyong TB nurse upang matiyak ang pagbuti ng iyong kalagayan.

*Tuloy ang buhay.
Tuloy ang gamutan.*

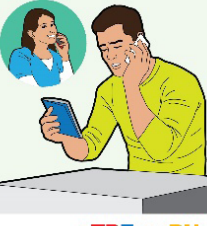


TB FREE TB STRONG **#TBFreePH**

TIBAYAN ANG DIBDIB

I-record sa iyong Patient Booklet ang iyong pag-inom ng gamot araw-araw. Ipaalam sa iyong TB nurse kung may maramdamang 'di kanais-nais habang umiinom ng gamot.

*Tuloy ang buhay.
Tuloy ang gamutan.*

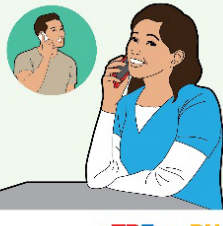


TB FREE TB STRONG **#TBFreePH**

TIBAYAN ANG DIBDIB

Siguraduhing umiinom ng gamot ang iyong pasyente araw-araw sa kanyang tahanan. Tawagan siya kada-2 linggo upang matiyak na tuluy-tuloy ang kanyang gamutan.

*Tuloy ang buhay.
Tuloy ang gamutan.*

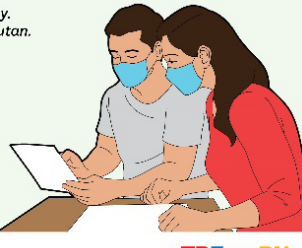


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TIBAYAN ANG DIBDIB

Kausapin at turuan ang "treatment partner" ng iyong pasyente kung paano matitiyak na tuluy-tuloy ang gamutan.

*Tuloy ang buhay.
Tuloy ang gamutan.*




TB FREE TB STRONG **#TBFreePH**

TULOY ANG BAYAN HEAL AS ONE

Ituloy ang paghahanap, pagsusuri at paggagamot sa mga kababayan nating may TB habang may COVID-19 quarantine.

*Tuloy ang buhay.
Tuloy ang gamutan.*




TB FREE TB STRONG #TBFreePH

TULOY ANG BAYAN HEAL AS ONE

Kung hindi pa lumalabas ang TB laboratory results ng iyong pasyente, maaaring umpisahan na ang kanyang gamutan laban sa TB batay sa iyong pagsusuri.

*Tuloy ang buhay.
Tuloy ang gamutan.*



TB FREE TB STRONG #TBFreePH

IKAW ANG TULAY SA LIGTAS AT MALUSOG NA BUHAY


Magsuot ng face mask sa pagkuha at pagbiyahe ng TB specimen package.

Magtakda ng lugar na pagkukunan ng specimen package. Iwasan ang pakikisalamuha sa ibang tao. Kung di maiwasan, lumayo nang 1-2 metro mula sa makakasalamuha.

Maghugas ng kamay o gumamit rin ng 70% isopropyl alcohol bago at pagkatapos ng delivery.

Linisin ang parte ng motorsiklo na madalas hawakan gamit ang bleach o disinfectant.

*Tuloy ang buhay.
Tuloy ang gamutan.*




TB FREE TB STRONG #TBFreePH

TIPS SA BIOSAFETY SA TB LABORATORY

- Ituring na nakakahawa ang bawat specimen na kinokolekta.
- Magsuot ng kumpletong Personal Protection Equipment (PPE).
- Mag-ingat sa paghawak, pag-alog, paghalo at paggamit ng pipette para hindi makawala ang aerosol mula sa specimen.
- Ingatan ang pagtanggap, pagbalot, pagdeliver at paghawak ng mga specimen.

*Tuloy ang buhay.
Tuloy ang gamutan.*




TB FREE TB STRONG #TBFreePH

WASTONG PAGGAMIT NG PPE PARA SA HEALTH WORKERS NG TB

1. TRIAGE O POINT OF ENTRY

Gumamit ng face mask kung ikaw ay naka-assign sa triage o point of entry ng inyong health facility.



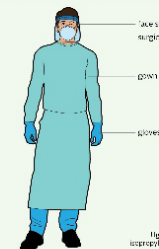
Higit ang magdagdag ng buhay o gamit ito ng isopropyl alcohol bago at matapos sa orin ang PPE.

TB FREE TB STRONG #TBFreePH

WASTONG PAGGAMIT NG PPE PARA SA HEALTH WORKERS NG TB

2. PAGKOLEKTA NG SPUTUM

Gumamit ng goggles o face shield, surgical mask, gown, at gloves kung ikaw ay naka-assign sa pagkolekta sa sputum ng mga pasyente.




Higit ang magdagdag ng buhay o gamit ito ng isopropyl alcohol bago at matapos sa orin ang PPE.

TB FREE TB STRONG #TBFreePH

WASTONG PAGGAMIT NG PPE PARA SA HEALTH WORKERS NG TB

3. PAG-AALAGA SA MGA MAY SAKIT NA COVID-19 AT TB (HINDI KAILANGAN NG AEROSOL PROCEDURE)

Kung ang pasyenteng may TB at COVID-19 ay hindi kailangan ng aerosol procedures, maaaring gumamit ang health worker ng goggles o face shield, surgical mask, gown, at gloves.




Higit ang magdagdag ng buhay o gamit ito ng isopropyl alcohol bago at matapos sa orin ang PPE.

TB FREE TB STRONG #TBFreePH

WASTONG PAGGAMIT NG PPE PARA SA HEALTH WORKERS NG TB

4. PAG-AALAGA SA MGA MAY SAKIT NA COVID-19 AT TB (KAILANGAN NG AEROSOL PROCEDURE)

Kung ang pasyenteng may TB at COVID-19 ay kailangan ng aerosol procedures, ang health worker ay dapat gumamit ng respirador (N95 o FFP2), face shield, apron, gown, at gloves.




Higit ang magdagdag ng buhay o gamit ito ng isopropyl alcohol bago at matapos sa orin ang PPE.

TB FREE TB STRONG #TBFreePH

WASTONG PAGGAMIT NG PPE PARA SA HEALTH WORKERS NG TB

5. PAGBIYAHE SA MGA SUSPECTED O CONFIRMED NA KASO NG COVID-19 AT TB, (KASAMA ANG DIREKTANG PAG-AALAGA)

Kung kailangan mong biyahe o ilapat ng health facility ang isang pasyenteng may COVID-19 at TB, dapat gumamit ng goggles o face shield, surgical mask, gown, at gloves.




Higit ang magdagdag ng buhay o gamit ito ng isopropyl alcohol bago at matapos sa orin ang PPE.

TB FREE TB STRONG #TBFreePH

WASTONG PAGGAMIT NG PPE PARA SA HEALTH WORKERS NG TB

6. PAGLILINIS NG OSPITAL

Ang mga naka-assign sa paglinis ng health facility ay dapat ring magsuot ng goggles o face shield, surgical masks, gown, apron, heavy duty gloves, at boots o saracoon suspects.



Higit ang magdagdag ng buhay o gamit ito ng isopropyl alcohol bago at matapos sa orin ang PPE.

TB FREE TB STRONG #TBFreePH

**HUWAG
MAGMINTIS
SA
GAMUTAN!**

Tumawag sa iyong TB clinic
para sa one-month supply
ng mga gamot.

Inumin ang iyong mga gamot
araw-araw, sa takdang oras
o ayon sa payo ng doktor
o nurse.

Humingi ng tulong sa taong
pinagkakatiwalaan bilang
"treatment partner."

Hintayin ang tawag ng iyong TB nurse
kada 2-linggo para ma-check ang iyong
kalagayan at kalusugan.

Sabihan ang iyong "treatment partner"
o tumawag agad sa iyong TB nurse
kung may maramdamang hindi
kanais-nais habang umiinom
ng mga gamot.

Bantayan kung malapit nang
maubos ang supply in iyong
gamot. Mag-text o tumawag
sa iyong TB nurse para sa
dagdag na supply.

Tuloy ang buhay. Tuloy ang gamutan.

**TBFree
TBStrong**

#TBFREEPH

USAID
FROM THE AMERICAN PEOPLE

Annex 5 – COVID-19 and TB Screening Form

PARAMETERS	YES	NO
A. WITHIN THE LAST 10 DAYS , did patient have:		
1. History of fever or measured fever of ≥ 38 C		
2. Cough		
B. Patient REQUIRES hospitalization?		
C. WITHIN 14 DAYS PRIOR TO SYMPTOM ONSET , did patient have:		
1. History of travel to or residence in an area that reported local transmission of COVID-19 disease		
2. Contact to a confirmed or probable case of COVID-19 disease		
D. PRESENCE of other respiratory signs and symptoms (shortness of breath, colds, sore throat)		
E. WITH ANY OF THE FOLLOWING CONDITIONS:		
1. Aged 60 years and above		
2. With a comorbidity (hypertension, cardiovascular disease, diabetes, chronic kidney disease, asthma, COPD, liver disease, malignancy)		
3. Assessed as having a high-risk pregnancy		
4. Health worker		

F. FOR 2 WEEKS OR MORE , does patient have any of the following:	YES	NO
1. Cough with or without phlegm		
2. Unexplained weight loss		
3. Fever		
4. Night sweats		

G. WITHIN THE PAST ONE YEAR:	YES	NO	Not Sure
1. Did patient have a Chest X-Ray Done?			
2. If yes, were the Chest X-ray lung findings normal?			

If the answer is:	Action by Triage Officer
YES to ALL in Sections A AND B	Consider as Suspect COVID-19 case: Refer to the Emergency Room or designated COVID-19 area in the facility for COVID-19 diagnosis and treatment. Offer CXR as part of baseline work-up ^[24]
YES to ALL in Section A AND ANY in Section C	
YES to ANY in Sections A or D AND ANY in Section E	
YES to ANY in Section F AND considered as suspect COVID-19 case	Consider as BOTH <i>Presumptive TB AND Suspect COVID-19 Case</i> : Refer to the Emergency Room or designated COVID-19 area in the facility for COVID-19 diagnosis and treatment and facilitate collection of sputum for Xpert MTB/Rif test in designated collection area or advise sputum collection at home.
YES to ANY in Section F	Consider as <i>Presumptive TB</i> . Facilitate collection of sputum for Xpert MTB/Rif test in designated collection area or advise sputum collection at home.
YES to ANY in Section G	If abnormal findings suggestive of PTB, consider <i>Presumptive PTB</i> . Facilitate collection of sputum for Xpert MTB/Rif test in designated collection area or advise sputum collection at home. If not sure of CXR result, offer CXR.
NO to ALL Sections	Offer CXR

I hereby certify that the above are true and correct based on the best of my knowledge. (CAPITAL LETTERS ONLY)

Full Name	
Signature	
Date of Signature	
Place of Residence	
Mobile number	

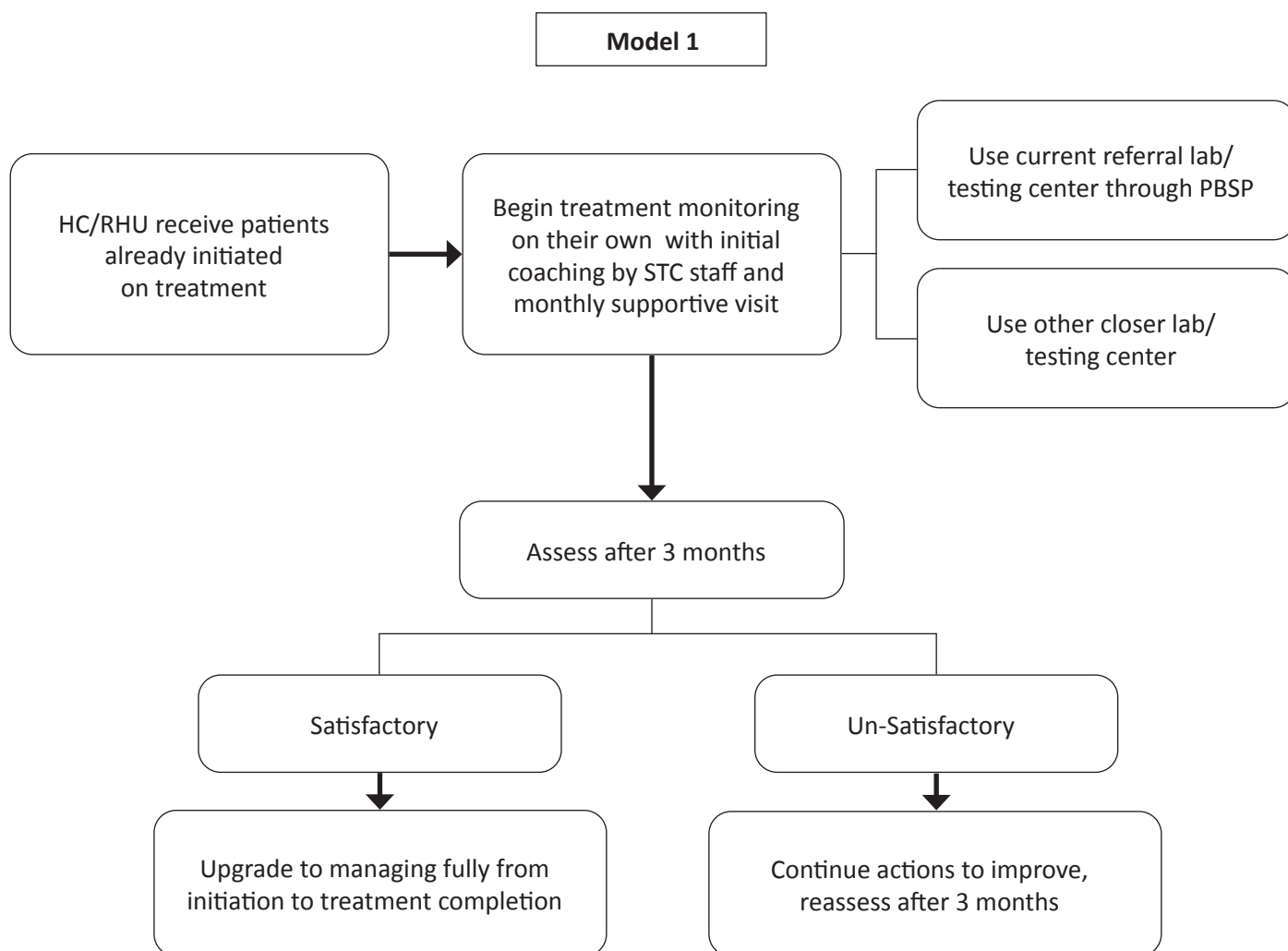
INTRODUCTION

To address poor access to programmatic management of drug-resistant tuberculosis (PMDT) services as well as the sustainability of these services following the exit of development partners, the innovative concept of integrated delivery of tuberculosis services (iDOTS) initiated by the Center for Health Development – National Capital Region (CHD-NCR) was adopted in 2016 for nationwide implementation by the National Tuberculosis Control Program (NTP) of Philippines. Although PMDT services were previously made available outside of limited central treatment centers, iDOTS involves further evolution of decentralized PMDT service delivery from treatment centers (TC) and satellite treatment centers (STC) to health centers (HC) and rural health units (RHU). With the inception of iDOTS concept, the general framework of PMDT service was revised to achieve the following through realization of iDOTS implementation: 1) RHU/HC takes primary responsibility for the diagnosis, treatment, recording and reporting of multi-drug resistant (MDR-TB), and drug supply management; 2) supervision is conducted by regional, and provincial/city TB coordinators; and 3) clinical support is provided by the regional TB medical advisory committee (TB-MAC).

NTP is implementing this transition in two-phases: iDOTS Phase I and Phase II. In iDOTS Phase I, the only clinical management component provided at RHU/HC level is directly observed treatment (DOT) provision. However, in iDOTS Phase II, the RHU/HCs will provide comprehensive services throughout the cascade of care from screening and diagnosis to treatment completion, including post-treatment follow-up and contact tracing. Other programmatic responsibilities of recording and reporting of MDR-TB, drug supply management and sputum transportation are also conducted by RHU/HC. Currently, all regions have initiated iDOTS training and are implementing iDOTS Phase I. Through nationwide implementation of standard short treatment regimen (SSTR) for MDR-TB in 2017 and transition to iDOTS phase I, the treatment success rate (TSR) of MDR-TB has improved from 53% in 2015 to 57.6% in 2017 cohorts and 65% in interim analysis result of 2018 cohort. But TSR still remains far below the current target of 85% in Updated PhilSTEP1 2017-2023. Therefore, the NTP with support from USAID TB Innovations and Health Systems Strengthening (TB IHSS) project and other development partners developed the iDOTS transition models and strategies based on the information gathered from a short exploratory visit to iDOTS facilities, which investigated how the strategies of the iDOTS framework can be best implemented as the program transitions to iDOTS Phase II.

A SUGGESTED MODEL, STRATEGIES AND PLAN OF IDOTS TRANSITION FROM PHASE I TO II

A. 1 Suggested iDOTS transition models and strategies



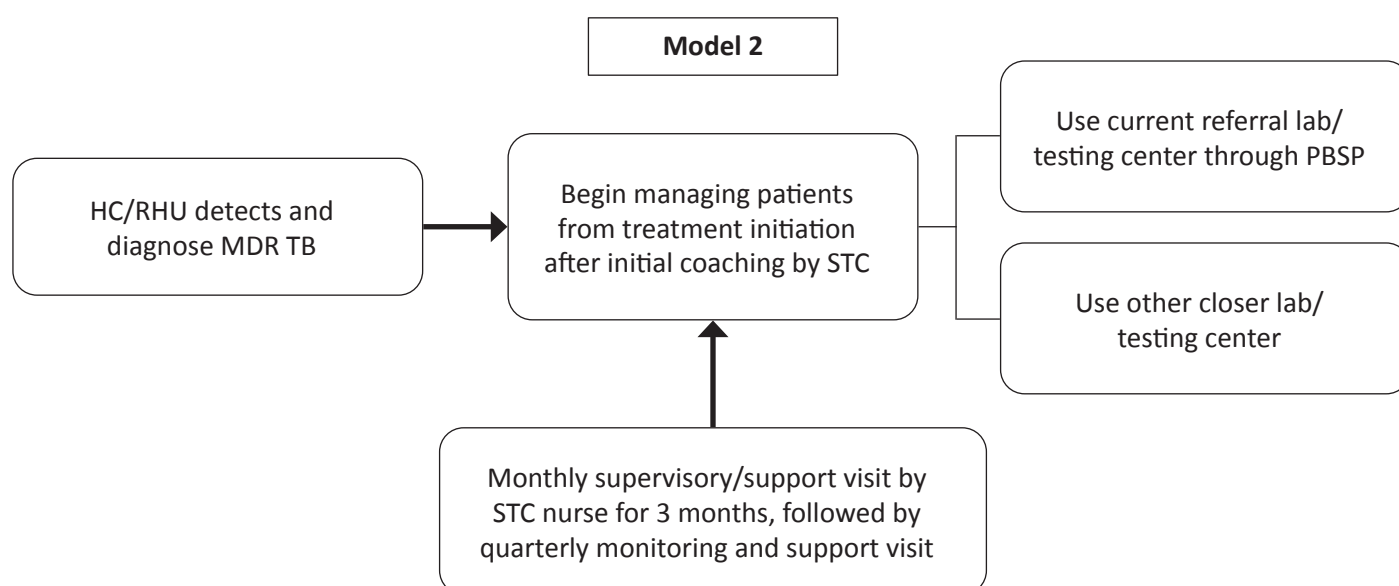
The strategies for implementation include:

- HC/RHU will follow MDR-TB patients who started treatment elsewhere and transfer care to begin treatment monitoring directly at the HC/RHU. This includes collection of follow-up sputum sample for smear and culture. Samples are sent to STC for testing. Optimized sputum transportation systems must be in place and functional.
- For treatment monitoring, iDOTS facilities may use current designated lab/testing center by PBSP/GF project or other public/private lab/testing centers close to the HC/RHU. Limitation to only one designated lab/testing center simplifies financial management and can easily be adopted by city/provincial coordinators in the future. Using any lab/testing centers close to HC/RHU will reduce out-of-pocket cost, as well as travel time for patients. As long as LGUs can take responsibility, the latter option is preferable. Otherwise the first option is still feasible if travel costs are provided to patients.
- STC provides supervision and support monthly for 3 months to iDOTS facilities. If in person coaching is not feasible every month, follow-up coaching through chat group is also possible after the initial round of coaching is completed in person.
- HC/RHU are supported to start taking responsibility for reporting/encoding through ITIS and maintaining drug inventory at facility level. This was already in place at most of the RHUs visited.

- STC should assess clinical and programmatic management capacity of iDOT facility after 3 months.
 - If HC/RHU clinical and programmatic management capacity is found to be satisfactory, the facility should transition to full management of patients from treatment initiation to completion of treatment including post-treatment follow up.
 - If HC/RHU is identified to have insufficient capacity of clinical and programmatic management, STC will continue supervision and monthly support for an additional 3 months. Transition to full management of patients from treatment initiation to completion of treatment including post-treatment follow up will take place once site is found to be ready.

Overall roles of STC are:

- Financial (e.g. lab and patient's specialist care/hospitalization cost, ancillary drug costs, travel cost and other support to patients) and logistic (drugs and other commodities, sputum sample packaging and transport, etc.) support and management by project hired staff in TC/STCs, which can be absorbed later by city/provincial coordinators
- Supervision and support to iDOTS facilities during transition period
- Monitoring and supervision quarterly at iDOTS facilities together with city/provincial TB coordinators, public health officers
- Data quality check
- Manage patients residing close to STC and difficult cases referred from iDOTS facilities
- Coordinate and support patient referral to designated referral hospital (provincial/city secondary/tertiary hospitals)
- STC should have designated beds for MDR TB patients. There should be at least 2 separate individual rooms for isolation of smear/culture positive patients who have clinically severe TB/MDR TB or severe adverse events.



The only difference between Model 2 and Model 1 is that HC/RHU will begin full management of MDR TB patients who are newly diagnosed as well as those already on treatment.

Model 2 is simpler, hence would more feasible to implement. The strategies are the same except after the initial 3-month period, in person supervision and support is not needed.

Annex 7 – Brief overview of NTP Key Strategies and Actions towards increasing TPT coverage

STRATEGIES	ACTIONS
Create and sustain national coordination and operational support	<ol style="list-style-type: none"> 1. TPT Road map 2020-2023 2. Sub-technical working group for TB prevention 3. Develop and disseminate implementation guides for TPT
Contact investigations in households, workplace, and other congregate setting, LTBI investigation in risk groups, and provision of TPT	<ol style="list-style-type: none"> 1. Contact investigation in ACF 2. Catalytic TPT implementation: in household contacts and PLHIV in a selected city (San Fernando City, Region 3) and ICF activity 3. Introduced combined ACF and LTBI investigation and TPT provision: <ul style="list-style-type: none"> • in congregate setting (Prisons) • in workplace (ALLWIES) • In TB free Island 4. TPT for HIV
Advocacy and promotion of TB preventive treatment	<ol style="list-style-type: none"> 1. TPT and Contact investigation (CI) communication materials and toolkits for LGU, health workers, clients 2. TPT digital tools
Logistics (PPD/medicine)	<ol style="list-style-type: none"> 1. Forecasting of TPT medicines, TST and other commodities 2. TPT stock management strategy during transition to new TPT regimen use 3. Procurement of TPT drugs (for 3HP, 3HR mainly) and TST 4. Improve LGU and facility logistics
Recording and Reporting	<ol style="list-style-type: none"> 1. Establish LTBI information management system 2. Tracking & monitoring of Performance indicators quarterly
Health Systems	Capacity building of health workers and barangay health workers on contact investigation and TPT service delivery
Private sector engagement	Disseminate NTP recommendations on TPT through dissemination of MOP and CPG
	<p>Expand current public and private engagement (PPE) that includes:</p> <ul style="list-style-type: none"> • Advocacy and dissemination for LTBI and TPT through key professional societies • Reporting of LTBI once included in the ITIS module on mandatory notification (as part of ITIS Lite) • Making IGRA more affordable and accessible in private sector • Establish and sustain pool-purchase mechanism for 3HP under existing PPC