

# The Philippines Work Plan

## FY 2020

### Program Year 2

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## Act | East PROGRAM OVERVIEW

The U.S. Agency for International Development Act to End Neglected Tropical Diseases (NTDs) | East Program supports national NTD programs in reaching World Health Organization goals for NTD control and elimination through proven, cost-effective public health interventions. The Act to End NTDs | East (Act | East) Program also provides critical support to countries on their journey to self-reliance, helping them create sustainable programming for NTD control within robust and resilient health systems. The Act | East Program is being implemented by a consortium of partners, led by RTI International and including The Carter Center; Fred Hollows Foundation; IMA World Health; Light for the World; Results for Development (R4D); Save the Children; Sightsavers; and Women Influencing Health, Education, and Rule of Law (WI-HER).

In the Philippines, Act | East program activities are implemented by RTI International.

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## ACRONYMS LIST

ASEAN	Association of Southeast Asian Nations
CHED	Commission on Higher Education
DOE	Department of Education
DOH	Department of Health
DSA	Disease Specific Assessment
HSS	Health System Strengthening
IR	Intermediate Result
LF	Lymphatic Filariasis
MDA	Mass Drug Administration
MMDP	Morbidity Management and Disability Prevention
NTD	Neglected Tropical Disease
SAC	School-Age Children
SCH	Schistosomiasis
STH	Soil-Transmitted Helminths
TAS	Transmission Assessment Survey
USAID	United States Agency for International Development
WHO	World Health Organization

# NARRATIVE

## 1. NATIONAL NTD PROGRAM OVERVIEW

The Philippines is the world's 12th most populous country with an estimated 2018 population of more than 105 million across 82 provinces. The Philippines consists of three island groups—Luzon, Visayas, and Mindanao—and 7,107 islands. The Philippine Government system is decentralized. Thus, actual implementation, including operational planning, budgeting, and funding for most neglected tropical disease (NTD) field activities, is the responsibility of the provincial and city or municipality health authorities. The Department of Health (DOH) is the national health governing authority and works at the regional level through DOH regional offices and in coordination with provincial health departments and city or municipality health offices.

The Government of the Philippines funds its own NTD programs, including mass drug administration (MDA) and disease-specific assessments (DSAs) for lymphatic filariasis (LF) in endemic areas determined by the results of surveys and mapping activities conducted by the national program in 1994; MDA for schistosomiasis (SCH) in provinces deemed endemic, based on focal surveys conducted from 2015–2017; and nationwide bi-annual deworming for preschool and school-age children (pre-SAC and SAC), organized through rural health units and the Department of Education (DOE).

## 2. INTERMEDIATE RESULT (IR)1 PLANNED ACTIVITIES

### Lymphatic Filariasis

The predominant parasite causing LF in the Philippines is *Wuchereria bancrofti*, transmitted primarily by *Aedes poicilius* and *Anopheles minimus flavirostris* mosquitos, although nocturnally sub-periodic *Brugia malayi* was found historically in 10 provinces, transmitted by *Mansonia uniformis* and *Ma. bonnea*. At the start of the Global Program for the Elimination of Filariasis in 2000, 45 million people in 44 provinces in the Philippines required LF MDA. Redistricting in the Philippines governance system since 2000 has changed the number of endemic districts to 46, according to the Philippines NTD program. In July 2019, the Philippines implemented LF MDA with locally procured albendazole and diethylcarbamazine in six provinces, targeting 6.22 million people. Thirty-eight provinces are expected to be under post-MDA surveillance by the end of FY19, with a population of more than 40.5 million living in areas that have achieved the criteria for stopping MDA. The Philippines LF program is exploring the use of IDA in 2020 in areas with persistent transmission, e.g. Sultan Kudarat province where MDA is ongoing, or 'hot spots' found during post-MDA surveillance. Currently, the LF elimination plan includes the use of IDA, and the government is registering ivermectin for use in humans. While no specific activities are planned for IDA in this work plan, the Act | East in-country and HQ team will provide technical assistance upon request for provincial planning, revising training materials, ensuring appropriate dose poles, etc.

### **Transmission Assessment Survey (TAS) and Post-MDA Surveillance**

School-based TASs will continue to be the principal strategy used to determine if MDA can be stopped (TAS1) and for post-MDA surveillance (TAS2 and TAS3). In FY19, 4 TAS1, 5 TAS2, and 11 TAS3 are being implemented; in FY20, 3 TAS1, 2 TAS2, and 3 TAS3 are planned. In the 16 provinces that have passed TAS3, ongoing surveillance is being established by the national program with technical support from the World Health Organization together with the Task Force for Global Health and will be conducted by local health workers. The DOH uses filariasis test strips in *W. bancrofti* areas and Brugia Rapid tests in 11<sup>1</sup> B.

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<sup>1</sup> Davao del Sur was split into two provinces in 2015. The former Davao del Sur now covers both Davao del Sur and Davao Occidental, bringing the number of provinces endemic for *B. malayi* up from 10 to 11.

*malayi* areas for TAS. The Government of the Philippines funds and implements its own TAS and pre-TAS and does not utilize electronic data collection. Act | East does not provide TA to the national program for DSAs.

### ***Morbidity Management and Disability Prevention (MMDP)***

The DOH provides funds to regional offices to provide disability management kits to lymphedema patients and funding for hydrocele surgeries. The ENVISION project supported the development and implementation of a National Strategic Plan for LF Elimination, which identifies specific activities the LF program will take through 2020, including (1) updating the chronic disease burden in all endemic provinces through house-to-house surveys by health workers; and (2) ensuring quality services, including hydrocele surgery, are provided to chronic patients to improve their quality of life. The DOH has incorporated an MMDP session in its annual program implementation review to ensure that these activities are progressing in each province. This session focuses on patient estimation and provision of health facility services.

**Dossier Status:** A consultant (Dr. K. Ramaiah) was engaged under USAID's END in Asia project to facilitate the development of a draft dossier in collaboration with the national program. In 2017, RTI engaged Dr. Ramaiah again to update the dossier and advise on filling any gaps. Dr. Ramaiah worked with the National Program to collect historical program and epidemiological data in consultation with sub-national and field partners in preparation for the dossier. As of 2019, all 46 provinces in the 12 endemic sub-national regions were trained by the national program in dossier development. MDA coverage data over time and results of sentinel and spot check surveillance, including TAS, have been collected by the national program with support from the World Health Organization and Act | East. In FY20, current and historical MMDP information will continue to be collated by the national program with the goal of having all data updated in advance of the projected validation in 2025, when all the TASs are expected to be completed. A dedicated staff member seconded to the DOH from the World Health Organization (WHO) updates and manages the data and information filed on a computer within the DOH. Files are backed up and printed for regular review.

## **3. SUSTAINABILITY STRATEGY ACTIVITIES (IR2 AND IR3)**

### **Data Security and Management**

At the national level, personnel are dedicated to collecting and managing the information within the DOH, with electronic and back-up systems in place and utility and access protected by current Philippine laws on data privacy and protocols. Currently, the information system is being developed at the national level by the Knowledge Management and Information Technology Service of the DOH. The NTD program initiated the NTD Management and Information System, a mobile-based application collecting basic soil-transmitted helminths (STH) MDA demographic information which was piloted in 2017 in three regions with technical support from the WHO. It is designed to feed into the established systems and will eventually be managed sustainably by the DOH Knowledge Management and Information Technology Service in the future.

### **Drug Management**

The DOH fully manages drug procurement and distribution in the Philippines. Act | East does not provide technical assistance for monitoring and management of adverse events and serious adverse events.

## **MAINSTREAMING AND HEALTH SYSTEM STRENGTHENING (HSS) ACTIVITIES (IR2)**

### ***Proposed FY20 Activity: NTD Technical Working Group Meeting***

The NTD TWG will convene to discuss updates on NTDs and will address outstanding issues in the country and development and review of the TWG implementation plan.

### ***Proposed FY20 Activity: Finalization of NTD Pre-Service Curricula***

In FY18, the Commission on Higher Education (CHED) conducted an informal review of the modules previously developed by the DOH with ENVISION support. The Commission recommended that the modules be adapted to its format and tailored to each individual student group. USAID's ENVISION project supported consultants in FY19 to develop six disease specific NTD pre-practice curricula modules (LF, leprosy, rabies, STH, SCH, foodborne trematodes) to enhance the education of future doctors, nurses, midwives, physical therapists, and medical technicians. The modules were designed so that future health staff will have an increased knowledge of NTDs endemic to the Philippines and will be able to diagnose, treat, monitor, and surveil the diseases as the elimination and control targets for the country are met. In FY20, Act | East will hire a technical writer from CHED to finalize the modules in line with CHED guidelines to secure CHED approval and Act | East program staff will provide the technical support in the preparation of the Outcome Based Education modules and the Competency Based Education modules.

### ***Proposed FY20 Activity: HSS Tailored Sustainability Assessment***

Based on information collected in the FY19 desk review, Act | East will conduct a tailored sustainability assessment to inform proposed HSS activities. The assessment will cover key governance, health financing, health delivery system, data and surveillance systems, and health workforce topics and will include inputs from consortium partner R4D. The methodology will follow an abbreviated version of the assessment methodology proposed for "Level 1" HSS priority countries under Act | East. The team will introduce sustainability assessment objectives and methodology through a workshop in Manila and conduct interviews with key staff of the DOH and other entities (e.g., finance, education) at the national level, and with health, education, and administrative officials at provincial levels. The assessment will focus on aspects of the health system in which RTI already has invested significant time and capacity building efforts, including NTD surveillance capacity at national and regional laboratories, NTD health workforce strengthening, and sub-national administrative capacity to manage continued NTD program and surveillance activities. Results of the assessment will be communicated to stakeholders through the in-country team with potential support from R4D's health financing lead, and any additional technical assistance or activities responding to findings of the assessment will be planned in coordination with the HSS team, the in-country team, and the DOH staff for FY21.

### ***Proposed FY20 Activity: Provincial-Level Rollout of NTD Lab Network Training***

The NTD Laboratory Network and Response Plan was adopted into the larger national policy on reference laboratories in FY19. In FY19, ENVISION worked with the DOH, Research Institute for Tropical Medicine, and the Health Facilities Bureau to conduct site assessments and pilot the network in Regions V, VIII, and XI. A manual for Medical Technologists was reviewed by ENVISION staff and DOH and RITM stakeholders during a "writeshop". The manual is currently being updated based on the feedback from the workshop. It will include Giemsa stained blood smears (including thick blood smear), filaria test strips (FTS) and Brugia Rapid tests (BRT) diagnostics for malaria and LF; Formol Ether technique for Intestinal Protozoan Infections and Kato-Katz technique for intestinal helminths.

In FY20, the regional training will be expanded to the provincial level, and in 2019 the DOH requested support from Act | East to contribute to provincial-level trainings in four co-endemic regions—VI

( Western Visayas Regional Office), X (Northern Mindanao), XII (Socskargen Regional Office ), and XIII (Caraga Regional Office)—in order to assist the DOH to adapt the NTD Laboratory Network and Response Plan, and begin planning for an assessment of the uptake of the training.

**Proposed FY20 Activity: Data for Action Meetings in Provinces Implementing MDA**

In FY17 and FY18, ENVISION contributed support to Data for Action visits to provinces and independent cities that have not reduced disease prevalence enough to stop LF MDA. In FY19, the DOH, ENVISION, and WHO supported meetings in the five provinces and two independent cities conducting MDA for LF (Aklan, Davao Occidental, Lanao del Norte, Sultan Kudarat, Zamboanga del Norte, Iligan City, and Zamboanga City).

In FY20, three provinces are expected to be conducting MDA (Sultan Kudarat, where the government is considering adopting triple drug therapy in FY20, Davao Occidental and Zamboanga del Norte) and will continue to use the Data for Action meetings to prepare detailed implementation plans with targeted activities in the low-performing municipalities. As in previous years, Act | East, the DOH and WHO will jointly provide technical and financial support for these meetings. Additionally, an independent city located within Lanao del Norte, Iligan City, will also conduct MDA in FY20.

**Proposed FY20 Activity: Support DOH Preparations for Association of Southeast Asian Nations (ASEAN) LF Day**

The Philippines will be co-hosting the 2<sup>nd</sup> ASEAN LF forum in November 2020, which will engage 9 of the 10 ASEAN member states. The team at the DOH is eager to leverage recent elimination success in Cambodia, Thailand, and Vietnam to increase momentum for the Philippines and the remaining ASEAN countries that are looking forward to final rounds of MDA and post-MDA surveillance.

The Act | East team is expected to provide timely technical support in the design, implementation, and coordination of activities in the conduct and preparation of the event. Only local level of effort costs are expected for this activity.

**PLANNED ACTIVITIES: SCH, STH, POST-VALIDATION/VERIFICATION SURVEILLANCE (IR3)**

**Schistosomiasis**

In the Philippines, SCH is caused by *Schistosoma japonicum* transmitted through an intermediary snail host, *Oncomelania quadrasi*. *S. japonicum* is one of the most difficult parasites to control because of its zoonotic nature; indeed, it can be transmitted by several mammalian hosts, including buffalos, rats, and dogs. The DOH aims to eliminate SCH as a public health problem by 2025 through a combination of human MDA, snail control, animal management, surveillance in humans and snails, and environmental improvements. To achieve this goal, the DOH has hired a local consultant to develop a six-year strategic elimination plan and update the SCH field guidelines.

SCH is endemic in 28 provinces (1,609 *barangays*), with a total population of over 34 million people. The national program estimates the at-risk population for SCH to be 12.4 million people, with approximately 2.7 million people directly exposed to the disease, based on focal assessments of endemic municipalities and *barangays*. From 2015 to 2017, the DOH funded and conducted focal surveys using the Kato-Katz diagnostic in all endemic provinces; the results were used to stratify endemicity at the *barangay* level into high (>5%), moderate (1%–5%), and low (<1%) prevalence. The DOH revised its 2017 MDA strategy based on the survey results to implement “focalized MDA,” i.e., only in SCH-endemic municipalities instead of the entire province. This resulted in a 2017 reported coverage of 65%. The program historically faced challenges, including delays in drug shipments due to procurement bottlenecks and low coverage rates due to widely reported serious adverse events from other community health

programs like the Dengue Vaccine program. The DOH is continuing to work to address these issues and prevent them from having a continued adverse impact on coverage rates. Act | East does not provide explicit support to the SCH program in the DOH.

### ***Soil-Transmitted Helminths***

The DOH has set a goal to achieve 85% national coverage for pre-SAC and SAC for STH by 2022. Pre-SAC (children aged 1–4 years) are dewormed in rural health units through the *Garantisadong Pambata* Program (a bi-annual health program supporting various health activities), while SAC (children aged 5–18 years) are dewormed by the DOE in public schools. Children not enrolled in school, aged 5–12 years, are dewormed in the rural health units. In 2015, the DOH began providing STH MDA twice per year, January and July. It is integrated with SCH (January) and LF (July) MDA. The DOH funds MDA for pre-SAC, private school, and out-of-school children, while the DOE funds MDA for SAC enrolled in public schools.

STH is endemic in all 82 provinces in the Philippines; thus, a population of 34 million SAC and 10.8 million pre-SAC required MDA in calendar year 2018. Before the beginning of the MDA program in 2003, the STH prevalence among SAC aged 6–14 years, determined using Kato-Katz, was 64.7%, with a similar rate among pre-SAC (66.0%). In 2014 and 2015, the Research Institute for Tropical Medicine funded a nationwide STH survey using Kato-Katz in SAC (aged 5–14 years) and found 28.4% were positive for STH and 3.26% had moderate to heavy intensity infections. The Research Institute has completed field work for a similar study to determine prevalence and intensity among pre-SAC; the results are still pending confirmation with the Institute.

Based on the results of the tailored sustainability assessment, the HSS team will recommend the program disseminate its best practices in technical briefs or media focused articles. Act | East has identified cross sector coordination on SCH elimination as a best practice in Philippines. The Act | East team will document and share lessons from this experience with the global NTD community more widely in FY20.

### ***LF Post-Validation Surveillance Planning***

In 2017, a technical meeting was convened by WHO in Cambodia and the Philippines DOH LF program attended. The DOH and LF Program committed to develop a PVS protocol to pilot in areas that had passed TAS3 by harnessing ongoing community-based surveys in those localities. Since that meeting the DOH has agreed to conduct operational research on TAS 2 and 3 failure follow ups. The OR's final methodology would be used as part of or the post-treatment surveillance system. PVS methodologies were also added to the national LF elimination plan. The DOH is also exploring various ongoing post-MDA surveillance activities including using malaria surveys as a platform for PVS. These examples are being collated for a conference presentation at ASTMH in November 2019.