Tuberculosis Financing in the Philippines

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Health Care In the Philippines

- Large informal sector
- Highly decentralized
- Free market
  - Large private sector
  - Cost of services unregulated
- Out of Pocket expense remains high
High Out-of-Pocket Expenditure

Health Care Expenditure 2010

- National Government: 53%
- Local Government: 15%
- Social Insurance: 11%
- Out of Pocket: 10%
- Private Sector: 9%
- Foreign Funding: 2%

Source: NCSB
Health Care Expenditure for TB

- National Government: 44%
- Local Government: 19%
- Foreign Assisted Projects: 23%
- PhilHealth: 12%
- Out of Pocket: 2%
Case Detection Rate of All Forms of TB 2000-2013

- Red line: Estimated Incidence (TB all forms)
- Blue line: Cases Detected (all forms)
Contribution of the Private Sector (All Forms) 2003 to 2013

11%
Key Challenges (1)

- Still many **missing TB cases** due to the following:
  - Lack of access to quality assured TB diagnostic services
  - Limited involvement of non-NTP care providers
  - Persisting stigma around TB
  - Passive case finding
- Low number of detected and enrolled MDR-TB cases and high number of default
- Weak TB-HIV collaboration especially at the service delivery level and geographic coverage is still limited
- Slow development and implementation of initiatives to increase **access to TB services** by vulnerable groups
- Some medicines are expiring
Key Challenges (2)

• Weak health system
  • Weak logistics and information management systems
  • Variable capacity in TB control program management by TB teams at all levels
  • Lack of manpower at the service delivery levels
  • Domestic financing is not yet maximized

• The 2013 mid-term review of NTP revealed that a TB patient still faces barriers in seeking TB diagnostic and treatment services

• The plan refocused key approaches and activities to expand access to TB care especially to the vulnerable populations such as the poor, indigenous people, children, and victims of disasters
Key Challenges (3)

• Procurement challenges: No qualified bidder
• Lack of coordination between central and LGU procurement
• Lack of systematic forecasting (tool) for FLD
• Insufficient national FLD buffer stocks
Key Challenges: Loss to Follow Up

• Loss to follow up among drug susceptible cases is low and decreasing
• But the loss to follow-up rate among drug resistant TB cases is high
• Loss to follow up affects consumption of medicines
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<th>Objectives</th>
<th>Strategies</th>
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<tr>
<td>Reduce local variation in TB control program performance</td>
<td>1. Localize implementation of TB control</td>
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<td>2. Monitor health system performance</td>
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<td>Scale up and sustain coverage of DOTS implementation</td>
<td>3. Engage both public and private health care providers</td>
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<td>4. Promote and strengthen positive behaviour of the communities</td>
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<td>5. Address MDR-TB, TB/HIV, and needs of vulnerable population</td>
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<td>Ensure provision of quality TB services</td>
<td>6. Regulate and make available quality TB diagnostic tests and drugs</td>
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<td>7. Certify and accredit TB care providers</td>
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<td>Reduce out-of-pocket expenses related to TB care</td>
<td>8. Secure adequate funding and improve allocation and efficiency of fund utilization</td>
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DOH-PhilHealth Financing Scheme for TB
# TB DOTS Package

## Who can avail
- Members and qualified dependents

## Who provides
- TB DOTS Centers (RHUs, private clinics, OPDs of hospitals)

## What services
- Service fee
- Drugs and medicines
- Follow – up sputum smear

## Important Features
- P 4,000 INSURANCE REIMBURSEMENT
  = approximately USD100
Revised TB DOTS Package

• Fixed case rate of Php 4,000 to be given to health care institution in two phases:
  • First Payment: Php 2,500 = After intensive phase
  • Second Payment: Php 1,500 = After completion and cure
• Health care institution must be accredited
• Covers both children and adults for diagnostic exam, consultation services, drugs, health education, and counseling during TB treatment
• TB DOTS facilities shall comply with the prescribed guidelines of the NTP on diagnosis, treatment and reporting for TB
MDR-TB Enablers

- Philippines has a system of enablers and incentives to improve patient compliance and reduce treatment interruption
- The enablers are allowances to cover cost like transport
- In addition, the following amounts will be given to patients with gross family monthly income below Php 9,000 on the specified schedules:
  - After first six months (156 doses) – Php 5,000
  - After first 12 months (312 doses) – Php 5,000
  - At the end of treatment – Php 10,000
Finances (1)

• First-line drugs and laboratory reagents: the government is financing the procurement nationally and locally
• Second-line drugs and GeneXpert cartridges: procured internationally and financed by the Global Fund Grants
Finances (2)

• Who will pay for the next 5 years?
  • Main source of funds will be the government through the Department of Health – regular budget and from tobacco and alcohol tax
  • Other government sources are
    • PhilHealth
    • Local Government Units
  • Other sources can be from foreign funded projects
    • USAID until 2017
    • Global Fund until 2016 only for PMDT
MARAMING SALAMAT
(THANK YOU)