# Philippines

### Community, Rights and Gender Country Profile

Stop **B** Partnership

Working Document



### Stop IB Partnership



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**COUNTRY PROFILE PHILIPPINES** 

**Quick Facts** 



114 million people (2021)

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High TB, TB-HIV and MDR-RR Burden Country

### S THE GLOBAL FUND

**High Impact Asia** 

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# **UNHLM Targets**



Resource Needs (2022) 1573.19 million (USD)

Available TB Funding 2020 (USD) Domestic: 27.5million International (Excluding Global Fund): 13.0million Global Fund: 40.0million Funding Needs: 217.0million



Diagnosis and Treatment Targets (2020) TB Target: 440,300 % Target Achieved:60



Prevention Therapy (2022) Total PT Targets: 354,120

\*Please note that this will be updated in October after 2023 UNHLM on TB Source: <u>Stop TB Partnership Dashboard</u>

# National Strategic Plan and Funding Opportunities

- Next National Strategic Plan Development: 2023
- Next Global Fund funding request (proposal development): 2023

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# **TB Situation**

Epidemiological Data (2021)<sup>1</sup>



#### Major Gaps in TB Prevention and Care

• 419,436 Missing people with TB (78,872 were children)

• 61,000 people died because of TB

 7,527 Laboratory confirmed people with MDR/RR-TB (WHO data, 2021)

#### **Community, Rights and Gender Data**

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Based on the CRG assessment conducted in 2019, several issues and gaps were identified in the tuberculosis (TB) response. Here is a summary of the findings

**Accessibility Barriers:** Long wait times at clinics were identified as a barrier to accessing TB services.

**Availability Barriers**: The 2016 NTP study found that human resource constraints and lack of funding for DR-TB (drug-resistant TB) drugs hindered the availability of adequate TB services.

**Quality Issues:** The quality of TB services was affected by long wait times at clinics, lack of people-centered care, and reliance on facility-based Directly Observed Treatment (DOT), which can limit patient autonomy.

Acceptability Issues: The TB law lacked protections for rights to privacy, confidentiality, and informed consent. Lack of respect for privacy and confidentiality of people with TB, as well as the reliance on facility-based DOT, were identified as acceptability issues. Acceptability Issues: The TB law lacked protections for rights to privacy, confidentiality, and informed consent. Lack of respect for privacy and confidentiality of people with TB, as well as the reliance on facility-based DOT, were identified as acceptability issues.

**Key and Vulnerable Populations:** People Who Use Drugs (PWUD) were not prioritized by the National Strategic Plan (NSP) for TB, potentially leading to inadequate services for this population.

**Discrimination issues:** there is no legal prohibition of TB discrimination. TB law does not address stigma or discrimination. Labor regulations prohibit termination of contract based on TB unless certified by health authority that disease can't be cured in 6 months with proper treatment. Widespread misconception and inaccurate information about TB drives stigma. Proposed amendments to TB law would prohibit TB discrimination and provide administration sanctions for violators,

**Freedoms**: TB law does not recognize rights to privacy, confidentiality and informed consent. Lack of respect for privacy and confidentiality are problems for people with TB. Forced isolation is employed as a priority intervention by HCWs for people with TB, sometimes at home.

**Gender:** Gender disaggregated epidemiological data was collected by the National TB Program (NTP), but no baseline study for gender-related issues in access to TB services was conducted. While subnational governments prohibited discrimination based on sex and sexual orientation or gender identity, the TB law did not address gender-based barriers to services adequately. There was a lack of gender-related indicators in TB strategies and activities.

**Participation:** The TB law, rules, and regulations provided for information and educational campaigns for key populations to participate in the TB response. However, these key populations were not consulted or involved in the development of the law or policy. Civil Society Organizations (CSOs) and Community-Based Organizations (CBOs) had limited roles in the TB response, with only a few patient groups involved as peer educators and treatment support. The proposed amendments to the TB law aimed to establish the right of people affected by TB to participate in the development and implementation of the TB response.

**Remedies and Accountability:** The TB law lacked accountability mechanisms for TB program implementers and did not provide grievance mechanisms or remedies for people with TB. The proposed amendments to the TB law aimed to address these gaps and establish administrative sanctions for violators of TB discrimination.

It's important to note that these findings are based on the CRG assessment conducted in 2019 and may not reflect the current status or any subsequent developments in the TB response.

Source: HHR: Health and Human RightsJournal 2021:Building the Evidence for a Rights-Based, People-Centered, Gender-Transformative Tuberculosis Response: An Analysis of the Stop TB Partnership Community, Rights, and Gender Tuberculosis Assessment



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### **Community Engagement and Representation**

Active National Stop TB Partnership

• Yes

National Network of People Affected by TB

 TBpeople Philippines and Philippine Alliance to Stop TB (PASTB)

TB Network/community represented on CCM

Yes

High-Level Engagement with Parliamentarians

Yes

Celebrities Engagement in TB response

Yes

Challenge Facility for Civil Society Round 10 Regional Partners APCASO

**CFCS** Round 11 Regional Partners

APCASO

**Global Network:** 

Lean on Me Foundation



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# Community Rights and Gender

- CRG Assessment Complete
- Costed CRG Action Plan
- TB Stigma Assessment Conducted
  No
- TB Stigma Elimination Plan Available
- Community-led Monitoring Mechanism in place
- Legal and Human Rights Scorecard Assessment
   No

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# CFCS Round 10 Grantees

### Action for Health Initiatives (ACHIEVE)

**Project Location:** National Capital Region, Philippines **Timeline:** November 2021 - November 2022 **Objectives** 

- To provide technical assistance for the development of four (4) organizations of TB Survivors.
- To provide a redress mechanism for human rights-based complaints of TB communities.

# CFCS Round 10 Grantees

### Innovations for Community Health, Inc.

Project Location: Nationwide Timeline: January 2022 - January 2023 Objectives

> To assess the determinants (micro-, meso-, and macro-level attributes) that are attributed to indigent Filipinos' access to TB care, mainly focusing on CRG and stigma aspects, within the context of the COVID-19 pandemic

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- To assess what are the current strategies and mechanisms being provided to address the TB burden among the indigent Filipinos in the context of COVID-19 pandemic
- •To establish a monitoring and evaluation framework to ensure optimal analysis of TB data and appropriate use of information to inform programmatic decision making. This seeks to strengthen the capacity of decision-makers to collect, analyze, and use data to implement high-quality and sustainable TB services that are responsive to the CRG needs of the Filipino indigents.



# CFCS Round 10 Grantees

### **TBpeople Philippines Organization Inc.**

Project Location: metro Minila, Central Luzon and Southern Tagalog Timeline: January 2022 - January 2023 Objectives • Strengthen TB advocacy and engagement with Local Chief Executives

 Develop partnerships and CRG evidence on the experience of TB for people with disabilities

#### **COUNTRY PROFILE PHILIPPINES**

# CFCS Round 11 Grantees

### Action for Health Initiatives (ACHIEVE), Inc.

**Project Location:** National Capital Region **Timeline:** March 2023 – March 2024 **Aim:** 

> To generate TB-related data and develop plans on TB related services among Overseas Filipino Workers.

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#### **Objectives**

- To generate data on the knowledge, attitudes, and behaviors of Overseas Filipino Workers in relation to TB;
- To generate data on the risk and vulnerabilities of Overseas Filipino Workers to TB, both in the Philippines and in countries of destination;
- To develop action plans with various stakeholders to address TB needs and concerns of Overseas Filipino Workers;
- To develop and launch a Communities Rights and Gender Plan for the Philippine Acceleration Action plan for TB
- To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

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# CFCS Round 11 Grantees

## Cavite Positive Action Group The JcH Advocacy Inc..

### Project Location: Bacoor City, Cavite Timeline: Overall aim:

- Overall aim:
  - To increase community contribution to notified TB cases in Bacoor City from 9.5% in 2021 to 17% in 2023 by improving access to TB services of key and vulnerable groups.

### **Proposal Objectives**

- To increase community awareness on TB and reach 140,000 people from August 2022 to December 2023 with TB preventive messages through various social media platforms and distribution of IEC materials
- To provide TB screening services to 21,000 individuals belonging to the key population and vulnerable groups from August 2022 to December 2023
- To test at least 90% of PLHIVs and other vulnerable individuals identified on TB-LAM from screening activities conducted in August 2022 to December 2023.
- To provide treatment support to at least 90% of diagnosed TB cases identified during the community screening activities from August 2022 to December 2023.

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#### **COUNTRY PROFILE PHILIPPINES**

# CFCS Round 11 Grantees

### Innovations for Community Health, Inc

**Project Location:** National Capital Region (NCR), Central Luzon (Region III), and CALABARZON (Region IV-A). Timeline: May 2023 – May 2024 **Aim:** 

 To scale up community-led monitoring and promote accountability through data analytics, advocacy, and action among key vulnerable populations in the biggest 3 regions of the Philippines by March 2024.

### **Objectives:**

- To scale-up the existing community-led monitoring [CLM] framework in the Philippines to the subnational scale.
- To promote community participation on accountability mechanisms to ensure adherence to CRG-related facets in existing TB policies, programs, and Interventions.
- To enhance national level TB advocacy and accountability.

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# **Questions?**

### Contact us.

cfcs@stoptb.org

