FORUM ON SYNERGIZING EFFORTS
TO COMBAT TUBERCULOSIS (TB)
FOR VISAYAS CITIES

Highlights

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ACRONYMS

USAID	– United States Agency International Development
PBSP	– Philippine Business for Social Progress
IMPACT Project	– **I**nnovations and **M**ultisectoral **P**artnerships to **A**chieve **C**ontrol of **T**uberculosis
LCP	– League of Cities of the Philippines
TB	– Tuberculosis
CCTB	- Cities Combating Tuberculosis
PHILPACT	- Philippine Plan of Action to Control Tuberculosis
DOH	- Department of Health
NTP	- National Tuberculosis Program
TB DOTS	- Tuberculosis Directly Observed Treatment Short-Course
MSA	- Multisectoral Alliance

I. Rationale

Tuberculosis (TB) is the sixth leading cause of death in the Philippines. Every day, around 65-75 Filipinos die of TB. Concerted efforts must be done with local governments at the frontlines to help fight TB.

With the help of United States Agency for International Development, the Philippine Business for Social Progress (PBSP) through its IMPACT (Innovations and Multisectoral Partnerships to Achieve Control of Tuberculosis) Project is assisting the national government through the Department of Health to fight TB as prescribed under the 2010 – 2016 Philippine Plan of Action to Control Tuberculosis (PhilPACT).

IMPACT Project works in 43 project sites in 17 regions in Luzon, Visayas, and Mindanao. For Visayas, the project covers Aklan (Region VI); Cebu (Region VII); Northern Leyte, Northen Samar and Western Samar (Region VIII).

With the League of Cities of the Philippines, the project strengthens its reach by engaging LCP's member-cities, their local authorities, members of the local bureaucracy, non-government organizations among others. Through LCP's Cities Combating Tuberculosis (CCTB) Project, cities become effective partners in the implementation of the PhilPACT. The CCTB Project is a major subcomponent of the IMPACT Project.

As one of CCTB's major activities, LCP has organized a series of regional forum throughout the country to engage cities further in accelerating their momentum in their fight against TB through assisting them in securing local policies and forming multisectoral alliance (MSA). Titled 'Synergizing Efforts to Combat Tuberculosis in Cities' the first forum was held for the National Capital Region (NCR) cities on June 19, 2014. The second forum was held on July 04, 2014 for the Southern Luzon Cities. After the NCR and Southern Luzon fora, the third leg was for the nine Visayas pilot cities on August 22, 2014 in Mandaue City with nine participating cities. Participants for the Visayas leg includes local authorities and city health personnel of 1) Catbalogan City, (2) Talisay City, (3) Naga City, Cebu (4) Bogo City, (5) Danao City, (6) Baybay City, (7) Carcar City, (8) Calbayog City and (9) Toledo City.

The forum aims:
(1) To level off the roles of cities in the PHILPACT localization;
(2) To present local TB control situation in the aspects of governance that needs strengthened support for local leadership;
(3) To secure commitments of cities in improving TB service delivery and access thru policy and funding support, mechanisms for alliance building, and community engagement, etc.

II. Program Highlights

CCTB Project Overview and Objectives
Third Espero, LCP Special Projects Officers

Third Espero, also the LCP - CCTB's Project Manager, presented the project overview. He underscores the need to localize TB program implementation as he highlights the roles of local governments in basic

service delivery in accordance with their mandates in the Local Government Code. Mr. Espero said that DOH identified the 43 pilot cities. These sites have low case detection and low cure rates. LCP - CCTB's project objective is to secure the commitment of local authorities to strengthen their local TB programs through developing local policies and engaging private sectors to help LGU advocate and fight against TB.

Through CCTB, LCP is spearheading in the conduct of advocacy activities, in collaboration with city mayors, that include the development and approval of city resolutions, ordinances, and budgets. Mr. Espero pointed out that LCP's project approach is governance. LCP will also assist in providing technical assistance in participatory decision-making and policy-making. Another CCTB's activity is to conduct capacity development programs (with DOH) to enable cities to adhere to PhilPACT standards. LCP will collate the best practices of local TB control of the different cities and put it on the website for other member-cities to access and learn from.

CCTB will also help cities promote and strengthen multi-sectoral partnerships for TB control at the city level. LCP is also ensuring in broadening LGU access on the utilization of Performance Based Grants (PBGs) (i.e. application for and utilization of PBGs for TB control of highly urbanized cities and component cities of provinces.

Updates on IMPACT Technical Assistance activities in Visayas Cities
Dr Pilar Mabasa, Regional Team Coordinator for Visayas,
PBSP-IMPACT Project

Dr. Pilar Mabasa highlighted that that IMPACT Project is using the PHILPACT as its guiding framework and is closely collaborating with the Department of Health in providing capacity development interventions to local governments with low case detection rate and low cure rate. The IMPACT Project envisions a TB-free Philippines.

Major Challenges

Dr. Mabasa also elaborated on the challenges / obstacles in the implementation of TB program at the local level.

1.) Service delivery- this includes the unavailability of laboratories outside town centers; lack of full time medical technologists / microscopists in TB-DOTS centers; inadequate number of service providers; lack of budget support for monitoring Quality Assurance System (QAS) implementation and facilities with improper or without sputum collection areas; interrupted supply of anti-TB drugs and reagents (i.e. gaps in the logistics management cycle); inadequate number of trained treatment partners; low health seeking behaviour among symptomatics/presumptive TB cases; TB cases default (lost) to treatment and others failed while under treatment; private providers not practicing DOTS; Hospitals not implementing DOTS; functionality of TB diagnostic committees vary.

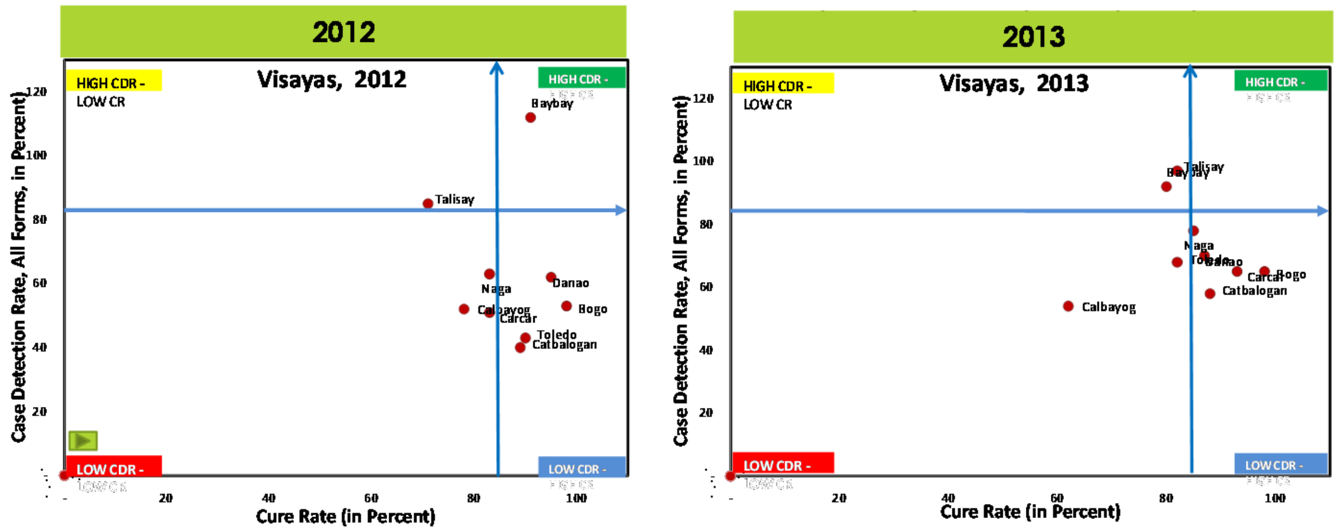
2.) Financing – this includes insufficient budget supporting TB program; Small to no provisions for health promotion; Lack of support (e.g. travelling expenses) for TB treatment partners; Low availment of PhilHealth DOTS Package or reimbursements not utilized and low Philhealth coverage.

3.) Regulation – this includes significant number of DOTS facilities that were not DOH DOTS-certified or accredited; there is also a significant number of hospitals and private microscopy laboratories not complying with the QAS on Direct Sputum Smear Microscopy (DSSM) under DOH A.O 2007-0019. There is over-the counter dispensing of TB drugs without proper prescriptions exist.

4.)) Governance – few policies supportive of TB control; some LGUs do have policies but not implemented; other partners (e.g. private sector, community based organizations) are not mobilized for TB control activities; adherence to DOT protocol varies due to lack of trained or no available treatment partners and inadequate supervision of TB treatment partners; referral system and reporting/ monitoring were weak and irregular.

5.) Human Resource Development - untrained medical technologists and DOTS providers and no human resource development plan.

6.) Information System - there is a delayed/late reporting of National Tuberculosis Program (NTP) program accomplishments, lack of IT equipment (e.g. computers) for the NTP program, health workers not "tech-ready" or untrained on the info system. Inadequate to lack of capabilities to analyze and use NTP information.



	2012	2013
Low Cure Rate / High Case Detection Rate (poor	Talisay (Cebu)	Baybay

performance) - *Many cases detected; few patients cured. Transmission of infection continues; More chronic cases. More Multi Drug Resistant TB (MDRTB) (?)*		Talisay (Cebu)
Low Cure Rate/ Low Case Detection Rate (poor performance) – *Few cases detected; few patients cured. Leads to chronic cases and MDRTB. Transmission of infection continues. TB control will not be achieved.*	Naga Calbayog Carcar	Calbayog Toledo
Low Case Detection Rate- High Cure Rate (poor performance) - *Many cases undetected and untreated. Transmission of TB continues.*	Danao Bogo Toledo Catbalogan	Naga Danao Carcar Bogo Catbalogan
High Case Detection- High Cure Rate *(good performance – will lead to control of TB over time).*	Baybay	

The chart above represents the performance of Visayas pilot cities in terms of case detection rate (finding TB cases) and cure rate (cases with smear positive given complete set of treatment and sputum examinations for six months). The ideal is cities must be located within the quadrant of High CDR and CR. In 2013, no Visayas city is located within the High CDR- CR rate. (*Source: National TB Program Annual Report 2012 – 2013, Provincial Health Offices of Cebu, Leyte & Samar*

IMPACT Project provides technical assistance

Project's Components	Project IMPACT's Technical Assistance Packages
1. Increase demand for TB services	(1) Advocacy, communication and social mobilization; (2) interpersonal communication and counseling; (3) capacity building of community-based organizations; (4) formation of, strategic planning for, and monitoring multi-sectoral alliances (MSAS); and (5) training of midwives as barangay health worker's supervisors
2. Increase supply of quality TB services	(1) Laboratory network strengthening, assessment, planning and implementation; (2) installation of remote smearing stations; (3) strengthening of PMDT referral system between THUs and treatment centers/satellite treatment centers; (4) monitoring, supervision and evaluation skills enhancement (5) program implementation review and (6) data quality assessment Private Sector Participation includes: (1) workplace TB installation (2) service delivery network expansion (3) pharmacy DOTS initiative (4) Hospital DOTS

3. Ensure timely delivery of appropriate MDR/ XDR-TB services	(1) Scale up use of rapid diagnostic tests for MDR/XDR-TB; (2)Increase treatment adherence through use of modern communications technology; (3) Strengthen NTP and NTRL leadership and regulatory capacity
4. Strengthen capacity of national, regional strengthen capacity of national, regional, and LGU health offices to provide technical assistance to local TB staff	
5. 5. Remove policy and system barriers to increasing supply of and demand for quality TB services	Increase local TB financing through certification and accreditation (Workshop on DOH TB DOTS Certification, PHIC Accreditation, Increasing Availment and Utilization of Reimbursement)

Partner's actions

Through the course of the IMPACT Project implementation, Dr. Mabasa said many local governments have taken counterpart actions. These actions have achieved positive outcomes:

- *Improving LGU capacity for quality DOTS*
  - LGUs hired medical technologists / microscopists to help expand access to microscopy services;
  - Increase participation of TB microscopy laboratories in EQA;
  - Four provinces decided to increase number of provincial controllers to strengthen QAS;
  - Effective program management through skills enhancement training of local NTP teams on MSE, laboratory network included as convener of MSA for TB Control
  - Pool of regional, provincial and local trainers as resource persons
- *Improving LGU capacity for quality DOTS (through a MOA, the project can hire and train med techs for a year for the local government who has no budget. The LGU must hire the trained staff after a year)*
  - Enhanced IPCC skills of frontline health workers (midwives, BHWs, CHTs, other volunteers);
  - Improved skills and decision making of local NTP teams;
    - TB medical and nurse coordinators for treating TB cases found sputum negative with chest x-ray finding through TB Disease Activity Assessment training
    - Use local TAPs through outsourcing
    - Apply Infection Control and Prevention in their areas
    - Use latest management in TB following the new MOP
- *Improving access to DOTS services for the vulnerable population*
  - Established linkage with jail/prison TB teams for TB in Prison program
  - Engagement of orphanages, home for the aged and urban poor areas were explored

    - Provincial government of Samar made TB in Children a priority program to be implemented at the province-wide level.
- *Expanded Private Sector Participation in DOTS*
    - Developed partnership with pharmacies on Pharmacy-DOTS Initiative (PDI)
        - Received referrals from pharmacies (e.g. Talisay City)
    - Initial advocacies to private hospitals
- *Community support to TB mobilized to improve DOTS services utilization*
    - Aklan TB Council (ATC) passed an ordinance supporting the council. It is developing its TB strategic plan
    - Commitments from LGUs in the formation/organization of multisectoral alliances in Northern Samar, Samar, Leyte and Cebu;
    - Kalibo strengthened the Barangay TB Management Council (BTBMC) in six barangays
    - CBOs were trained as IEC providers
- *Increased policy support to TB and accreditation of DOTS facilities*
    - Some LGUs passed their TB Ordinance w/ budget support
    - Increasing LGUs applying for DOH DOTS certification and PHIC accreditation
    - Growing number of accredited DOTS centers with PHIC claims/reimbursement

- *Increased referrals and early diagnosis of presumptive DR-TB and immediate treatment DR TB cases in PMDT Treatment Centers or Satellite Treatment Centers*
    - LGUs established their local referral system and case holding mechanisms in PMDT
    - Improving coordination between DOTS centers and PMDT TC/STC
    - Challenges promptly acted to strengthen the RS and CH mechanism through regular assessments

Open Forum and Pledge of Commitment

LCP Programs Officer Paulie Mora emphasized that the IMPACT Project comes as a good technical assistance package. If the city avails of the program, it will benefit city until 2017, the year the project ends. Pilot cities will be prioritized for a number of technical assistance packages to be implemented by PBSP. However, there should be local counterparts from local governments among others like securing local ordinances, policies and/or executive orders.

Mr. Mora cited a case of NCR cities. Except for Quezon City, all cities of NCR do not have a comprehensive local ordinance on TB despite the general satisfactory performance in their fight against TB. The lack of policies, as observed, has strong implications in the sustainability aspect of their local TB programs. A change of local leadership can make or break the TB program implementation. Local policies can provide stability and security in the provision of local funds to the TB program amidst the competing development priorities in the city. These local policies can also enable the formation of multi-sectoral alliances that will help enhance co-ownership of the program.

Mr. Mora asked the participants to share and give updates on their local TB initiatives in their own cities.

Talisay City has an existing ordinance and it is in the process of revising some provisions.

For *Baybay City*, Mayor Carmen Cari said that the city has an existing local resolution but it has yet to be fully implemented. Dr. Norberto Coa, Baybay City Health Officer, said the resolution needs to be amended. The city also needs to reactivate its city-wide BCCAT (Baybay City Coalition Against TB), composed of members from the business sector to tricycle drivers associations working to fight local TB. He added that that the city needs copies of ordinance templates to be adopted at the barangay level.
Bogo City's Dr. Minerva Million shared that the city has a local resolution and has its TB-DOTS accredited in 2009. The city has also allocated Php 200,000 for its BHWs TB DOTS partners and Php1, 200 allowances for TB patients for treatment.

After the sharing session, Mr. Mora then introduced the Pledge of Commitment to the audience. The pledge, which is also being circulated across the country, outlines statements of support and calls to action on both national and local governments and international development partners to fight local tuberculosis. Mr. Espero read the pledge of commitment. Afterwards, the participants were requested to sign the pledge of commitment. Mayor Cari, who is also the LCP MDG Focal Person, led the signing on behalf of her city.

Updates from the DOH on TB Control Program Implementation and DOH support in LGUs of Central Visayas, Josephine Tabotabo, Region 7 NTP Nurse Coordinator

Ms. Jocelyn Tabotabo shared some updates on the National Tuberculosis Program of Region 7. For the whole region, in 2013, the CDR is at 74% which is below the 85% target but the Cure Rate is at 88% which is above the 85% target. The region's treatment success rate (in all forms) is at 92% exceeding the 90% target. But as she observes, Region 7 still needs more initiatives particularly on the need for collaboration of both public and private sectors.

She also highlighted several strategies that have been implemented in the region:

- Provision of Anti TB drugs which includes drugs for new cases, drugs for retreatment cases; MDR TB Drugs or the multiple drug resistant TB; TB Drugs for TB in Children and PDD Solution to diagnose TB cases in children.
- Laboratory supplies which includes reagents and slides for DSSM; Microscopes and X-Ray Films
- Funds for the Capacity Building of BHWs, nurses and doctors / Trainings
- TB DOTS enhancement program which grants Php 200,000 per facility and the assistance for the Certification Accreditation of TB DOTS;
- Monitoring Supervision and Mentoring

New initiatives have also been put into place:

- TB in children and IPT
- Public-private MIX DOTS
- TB in Jails
- TB in Hospitals
- Community TB Care
- TB HIV Collaboration
- TB in the workplace

Updates from DOH on TB Control Program Implementation and DOH support in LGUs of Eastern Visayas, Flor Jimenez, NTP Coordinator, DOH Region 8

- Almost all the provinces reached the performance benchmark of 90% in 2013.
- The region has localized the PHILPACT strategies.
- Among the highlights, regional and provincial hospitals have already GeneX pert machines which can conduct faster TB testing in two days compared with at least few days in conventional testing.
- Southern Leyte and Biliran provinces have 100% certified and accredited TB DOTS facilities. The least number of TB DOTS accredited centers are in Western Samar.
- There is a need to secure additional funding through local ordinances from local governments and financial assistance through national government

Philhealth on TB-DOTS accreditation, TB DOTS Benefit Project as a resource for financing local TB Control implementation, Dr. Jennifer Gomez, Medical Specialist IV, Philhealth Visayas

- A DOH Circular No. 485 and 490 state that TB outpatients are entitled to Php 4,000 through Philhealth. The amount is paid directly to the TB DOTS Center tp be paid in two tranches - first tranche is Php 2500 (to be claimed within 60 days after intensive phase. Philhealth's processing takes 60 days) and the second tranche is Php 1500 (to be claimed within 60 days after continuation/maintenance phase. Philhealth to process within 60 days).

- In 2003, *(PC 17, s-2003)* the DOH provided guidelines for TB DOTS accreditation as DOTS providers. The DOH enhanced the TB-DOTS Package to include new cases - pediatric and extra-pulmonary TB (PC 19, s-2003). On the same year, the DOH created additional guidelines for processing of TB DOTS Package Claim Applications (PC 36, s-2003).

- In 2006, the DOH created amendments to accreditation of TB-DOTS Facilities (PC 8, s-2006) and created ICD-10 coding guidelines for TB (PC 13, s-2006). In 2011, the DOH provided the guidelines for diagnosis of TB in children aged 0-9 years old (PC 18, s-2011).

- Dr. Gomez said Philhealth now expands the scope for TB patients. Philhealth can now pay not just the 'New Cases' but also for 'Retreatment Cases'.

- A new Philhealth policy requires all TB DOTS physicians must be accredited by Philhealth. All physicians must get accreditation first from Philhealth. It will be fully implemented in 2015.

- Philhealth will deny all claims if physicians are not Philhealth accredited. Requirements for accreditation are indicated in the Philhealth Circular 10, series of 2014. Dr. Gomez emphasized that there is no accreditation fee yet

- For the eligibility, the Philhealth payment in the TB DOTS package shall be paid through the facility's trust fund only.

- On the breakdown of the allocation of the Philhealth reimbursement. Note that this is just a suggestion from DOH and Philhealth. It depends on the LGU to revise the allocation based on their policies and ordinances.

Category	**Percentage**	**Remarks**
Facility Fee	40%	For operational costs including supply of anti-TB drugs and reagents, equipment such as microscope, IT equipment and software, support for TB Diagnostic Committee, advocacy activities, training of staff, referral fees of warranted diagnostic services not available in the facility
Consultation Fee	25%	•For consultation services during the curse of treatment •If no referring physician, this portion may be allotted as facility fee
Service Staff Fee	35%	Pooled and distributed among health personnel who were involved in the delivery of health services for TB including the DOTS physician, nurses, midwives, medical technologist or sputum microscopist, barangay health workers and treatment partners

Monitoring and Evaluation

Dr. Gomez said that LGUs through TB DOTS facilities must:

- Submit a copy of their *policy issuances creating the trust fund* and guidelines on the allocation within a year after initial accreditation to the PhilHealth regional office;
- Maintain a *minimum set of information* on each patient (e.g. NTP treatment card, TB registry) that shall be readily available during monitoring and evaluation;
- If the TB DOTS is PHILCAT accredited, the TB DOTs facility gets automatic accreditation. Philhealth will just monitor the facility and must prepare policy issuance and the registry for monitoring and evaluation.

Sharing of Experience on Local Policy and Effective Service Delivery for TB Control: The Case of Carcar City, Hon. Bernadith Barcenas, Councilor, Carcar City

Carcar City in Cebu was often faced with low CDR and TSR. Councilor Barcenas said that in 2011-2012, the city found out that 18% of TB cases under treatment only completed treatment, defaulted and transferred out from treatment. There were two MDR TB cases in 2012. It was found out that MDR TB patients belong to the poor population and treatment for MDR TB requires temporary shelter. The local TB program did not have

any budget to pay for the rent and daily food allowance. **'**More likely the MDR TB case will default or stop the treatment', said Councilor Barcenas.

The need for policies to address the challenges above was urgent. Through the effort of Councilor Barcenas, Carcar city made a resolution granting financial assistance of 3,000 / month for three MDR patients for one year a total of P 108,000.00. It also granted hazard allowance to DOTS partner in amount of P100.00 for six (6) months allocated 160 patients enrolled in the program. It also allocated honorarium for the four members of the TB Diagnostic Committee in the amount of P500.00/month for one year.

With these resolutions, the LGU was able to attain the following.

1. A Policy supporting the TB Diagnostic Committee

   Results:

   - Increased referrals to TBDC from 2011 to 2013 by 42%
   - Increased diagnosed sputum smear negative patients w/ CXR consistent of TB as active TB by the TBDC from 2011 to 2013 by 81%
   - More TB cases were early diagnosed and properly given early treatment

2. A Policy supporting Multi-drug Resistant TB cases

   Results:

   - Provided "enablers" to five MDR TB cases
     - 1 case finished MDR TB treatment
     - 1 decentralized and continued treatment at the CHO
     - 1 continuing treatment at VSMMC PMDT STC
     - 2 cases defaulted to MDR TB treatment
   - Reduced or lessened the burden of the MDR TB case
   - MDR TB patient was encouraged to continue the treatment
   - Prevents MDR TB case to default from treatment

3. A Policy Supporting DOTS Treatment Partners

   - Results
     - 40 DOTS treatment partners received the support
     - TB cases under treatment follow the TB DOTS protocol finishing six months treatment
     - Reduction of treatment completion rate and defaulter rate
     - High cure rate - prevents further development of MDR TB cases in the future

Outcome of their initiatives

1. An average of 89% success treatment rate since 2011;
2. Carcar City has able to save lives and prevented 10-20 persons to get infected;
3. Carcar City has prevented occurrence of cases of TB in children;
4. Prevented further occurrence of multi-drug resistant TB cases;
5. Reduced burden to the family, community, and the LGU

How to Set Up Multisectoral Stakeholder Alliances (MSA) on TB Control,
Eugene Caccam. Team Leader of IMPACT Project of PBSP

Mr. Caccam said that TB is the sixth leading cause of death in the country. Ironically, it is a curable disease. There is a rampant misconception and stigma on the disease.

Some of these misconceptions are: (1) TB is *incurable,* (2) that it is '*namamana*' and (3) '*nakakahiyang*' disease. Some who are diagnosed with TB keep it to themselves. They would go to pharmacies without prescriptions and buy vitamins for lungs. They do not go to the clinics simply because they do not want other people to know that they have TB.

The speaker gave more examples of misconceptions. People prefer private clinic because it is air-conditioned, better and clean clinics compared to TB DOTS Centers. He also cited some examples of the reasons of patients: "*hindi magaling ang mga doctor sa* DOTS center"; "*tamad at masungit ang* nurse *sa* TB DOTS Center; *hindi bago ang gamut dyan, murang gamut kaya peke*." He then emphasized the need to support NTP to overcome the thinking that health center facilities are inferior to the private clinics. He added, "as far as the TB DOTS is concern, your health center is better than the private clinics.

Mr. Caccam emphasized that infected and untreated people with TB can infect 10-20 people annually. He called this a burden of TB disease. The disease attacks those ages 15-64 or the productive age group. He added that more men are infected on TB. He added that men who were infected with TB are family breadwinners and are found out to stop working because of the disease. The five priority vulnerable population for TB are (1) children is the most vulnerable group because it is not easily detected; (2) people in GIDA or the Geographically Isolated Depressed Areas; (3) Indigenous People; (4) Urban Poor who are living in congested areas and have poor nutrition; and (5) the elderly.

The burden of the disease does not only affect the individual but ultimately the resources of the local government. Mr. Caccam repeated that TB is really a public health problem and it is everybody's business. Everybody has a stake on its fights against the disease and stopping TB is a partnership.

He continued, "How to do it? It is as simple as supporting the TB DOTS, not as an expense but as a long term investment for the welfare of the constituents". He added, 'for an MDR patient, there is a need for 300 – 500 thousand pesos for one patient that needs to be isolated. We do not want to be alarmed so let's take an investment on our TB DOTS. There's a need to have appropriation and support TB program through funding and human resources. We ask for your commitment to fund, to create policies to fight tuberculosis.'

The speaker then suggested tips on how to improve the local TB implementation. To support TB, there is a need to transform our BHWs. To sustain the patient's treatment, he also suggested giving incentive like one kilo of rice for TB patients to return to TB DOTS Centers. Encourage people to go to DOTS because DOTS people are trained. The government has means to follow up patients unlike the private clinics.

Mr. Caccam then introduced the idea of multi-sectoral group to help fight the disease and refer patients to the right people and health centers. Engaging all health providers is one of MSA strategies. Engage private sectors to take part on this fight. Engage the pharmacy personnel to recommend health centers. Engage the sari-sari store owners, they are one of the most powerful people in the community, they are good vehicle for information. They could advise and tell the people to visit health clinics.

MSA is a structure where people would come together. This is an organization, it is registered, it has structure and it has an ordinance. This is a group to help the government. This is an investment and it could serve as an extra hand of the government. Republic Act 1136 or the TB Law of 1954 states that public-private partnership is needed to fight TB.

MSAs bring in many benefits to LGUs. It helps build consensus easier for policy and program agenda setting. It can foster co-ownership of the program. MSAs can help

1. Build health public policy
   - Policy agenda setting
   - LGU issuance of ordinances on TB control with corresponding budgets / lobbying
   - Localizing national policies
   - Integrating TB program needs / items in provincial / municipal investment plans for health

2. Create a supportive environment
   - Form alliances, coalitions, networks, supportive of TB control
   - Set up coordination mechanisms among LGUs or piggyback on existing ones (local health boards, inter-local health zones)
   - Coordinate among MSAs in different areas (inter-MSA mechanisms)
   - Coordinate public & private health providers
   - Provide technical assistance to stakeholders
   - Organize volunteer groups for TB control (i.e., treatment partners, TB educators, patients' groups)
   - Create more TB DOTS centers
   - Tap existing or functional TB councils / alliances / CBOs as stakeholders

3. Strengthen community action
   - Integrate TB agenda into community programs (including CHTs, barangay emergency response teams)
   - Hold orientation for treatment partners
   - Identify presumptive TB cases and refer them to DOTS centers
   - Form TB clubs, TB patients' groups (current or cured)
   - Conduct TB education and other awareness raising activities (i.e., concerts, assemblies during World TB Day / Lung Month, sports events)

4. Develop personal skills

- Use folk media, trainings & orientation workshops, interpersonal communication & counselling (IPC/C) training
- Launching of media campaigns
- Events management (poster-making, jingle composition contests, among others)
- TB awareness seminars for media practitioners, academe, religious groups, etc.

5. Reorient health services
   - Build health workers' & treatment partners capacity for TB DOTS
   - Conduct research
   - Build a library / resource base of TB control references
   - Build the network / directory of referrals for TB DOTS services
   - Patient (cured & being treated) and non-health sector participation in TB control activities

The MSA Organizing Process includes

Step 1. Community Diagnostics / Situation Analysis
Step 2. Identify & Prioritize Stakeholders
Step 3. Inviting the Stakeholders / Organizing the MSA
Step 4. Strengthening & Sustaining (McKinsey Seven S)

But MSA formation does not happen overnight. It takes a lot of time and process. It goes into nurturing process and it takes two years to form a group. But with proper training, cities with their local chief executive can come up with effective MSAs. He however emphasized that there is a need to have an ordinance or policy basis. PBSP through IMPACT Project will help cities form their MSA.

III. Recommendations/ Next Steps

1. It is clear for the participants that there is a need to secure the commitment of the city mayors and local authorities to come up / improve local policies on TB and set up their MSAs and LCP and IMPACT Project will provide capacity development interventions to help achieve the objectives. As a next step, the LCP CCTB team will conduct individual city consultations to start in mid September/ October 2014 in the Visayas to discuss further details as to how IMPACT Project can jumpstart citywide initial activities.

2. LCP will write an official communication thanking the mayors of the IMPACT Visayas pilot cities along with the documentation and the request of the specific dates for consultation. Proceedings and forum presentations can be accessed at www.lcp.org.ph.

Dr. Mabasa closed the forum and underscored the role of local governments in fighting tuberculosis like in the case of Carcar City. The city did not spend a lot but it has saved lives and it shows that policies help save lives. She ended, 'we cannot just afford the consequences of doing nothing for TB'.

\- END -