



USAID | PHILIPPINES

FROM THE AMERICAN PEOPLE

REQUEST FOR INFORMATION (RFI)

RFI NUMBER : RFI-492-17-OH-002
ISSUANCE DATE : May 15, 2017
RESPONSE DUE DATE & TIME : May 29, 2017; Philippine Standard Time
RESPONSE EMAIL ADDRESS : manila-roaa-rfp@usaid.gov

PROJECT TITLE : Tuberculosis Innovations and Health Systems Strengthening in the Philippines

The United States Agency for International Development (USAID) Mission in Manila, Philippines, posts this Request for Information (RFI) to inform interested parties of another upcoming tuberculosis activity designed to help the Philippines reduce and eliminate tuberculosis.

This RFI also seeks information from capable organizations (i.e., nongovernmental organizations, universities, consortium, for-profit) that are implementing or have implemented TB projects/programs and may be interested to partner with USAID in achieving the goals of this future TB activity.

If the Mission decides to proceed with the funding opportunity, then a five-year activity, estimated at \$25 million under a Cooperative Agreement award, is anticipated, subject to availability of funds.

Please note that responding to this RFI will not give any advantage to or preclude any organization or individual from any solicitation that may be subsequently issued as any/all comments received will be strictly for information gathering purposes only.

Issuance of this RFI does not constitute a solicitation. It does not represent an award commitment on the part of USAID/Philippines, nor does it obligate USAID/Philippines to pay for costs incurred in the preparation and submission of any comments. Information received in response to this RFI shall become the property of USAID and shall become proprietary. Therefore, information that cannot be shared should not be sent.

Comments and questions should be submitted via email to manila-roaa-rfp@usaid.gov, with copies to glaspinas@usaid.gov no later than the date and time shown above, with a subject line: "Response to RFI- 492-17-OH-002".

We look forward to receiving your comments.

Sincerely,

/s/

Sandra Jansen
Agreement Officer
Regional Office of Acquisition and Assistance

ATTACHMENT 1

Response Requirements

Responses to this RFI must be limited to not more than 8 pages and must include the following:

1. A table that contains the following information—
 - a) Organization name and address
 - b) Organization point of contact, title/position, mobile and landline number/s, email address
 - c) A brief statement that indicates the organization's interest in proposing as a prime or sub-recipient.

2. A write-up on demonstrated organizational capability by providing at least two (2) past performance references that meet the following criteria—
 - a) The organization was either a prime or sub-award recipient or contractor.
 - b) The value of the award/contract, or sub-award, was at least \$20 million.
 - c) The scope of the work focused on tuberculosis prevention, treatment and control. Please include the following details:
 - 1) Donor/Funding Organization
 - 2) Project Title
 - 3) Place of Performance
 - 4) Period of Performance
 - 5) Total Value of the Award
 - 6) Role: Prime or Sub-recipient/contractor. If as a sub, include value of sub-award.
 - 7) Description of the effort, interventions and outcomes.

NOTE: Only organizations with at least two (2) past performance references that meet all of the above criteria should respond.

3. Please answer **Question (a)** below and either **Question (b)** or **Question (c)** below.

Mandatory Question

- a) Provide one or two examples of game-changing TB innovations that your organization has implemented that have led to significant country-wide improvements in TB detection, prevention, and treatment. Please provide data or evidence to show the impact of these interventions.

Answer Question (b) or (c)

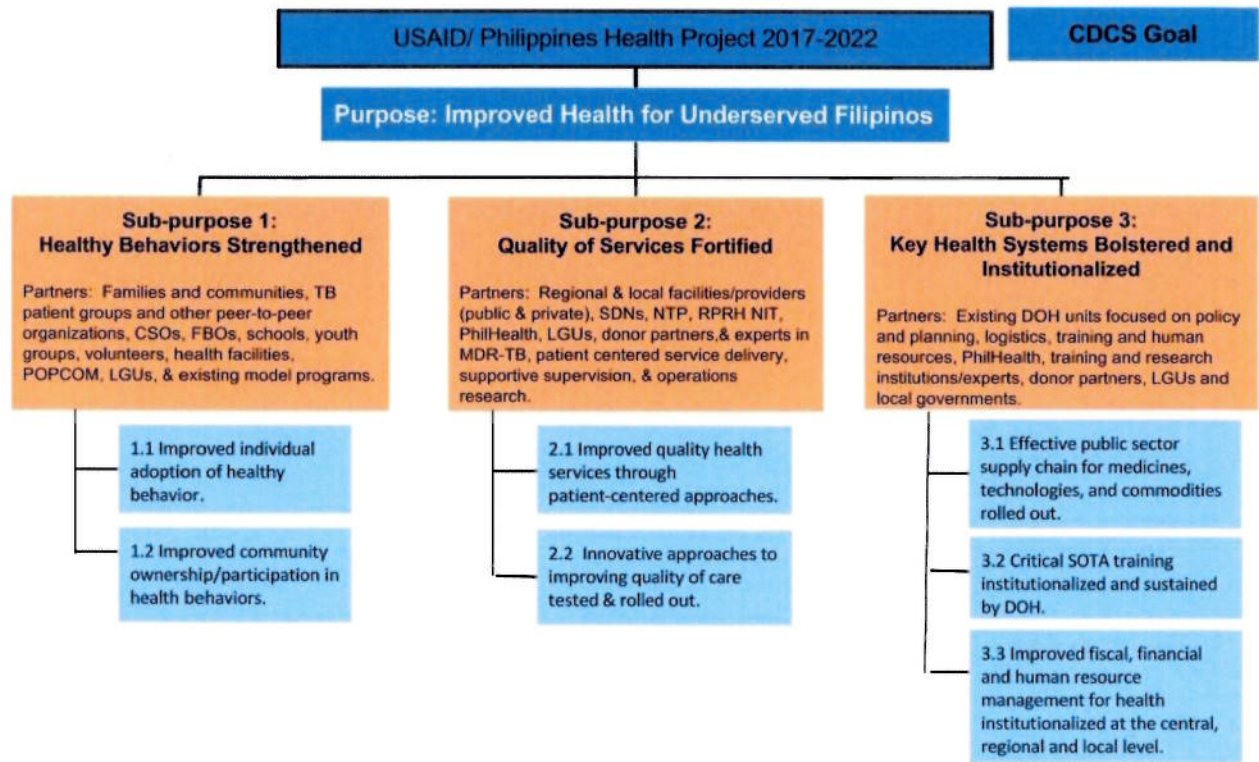
- b) The Philippines has developed an ambitious strategic plan to eliminate TB in the country by 2035 and has begun implementing the Philippines Strategic TB Elimination Plan (PhilSTEP1). (see attached presentation) Are there any gaps or missing elements that the Philippines should consider in order to meet their elimination targets by 2022?

- c) What approaches and practices from other countries should the Philippines consider implementing or applying to reduce transmission and improve treatment adherence for MDR-TB?

ATTACHMENT 2

Summary of Health Project 2017-2022 Framework

USAID/Philippines Office of Health has developed a new Health Project for 2017-2022. The Project Theoretical Framework is shown below.



Acronym List for Project Theoretical Framework:

CDCS	Country Development Cooperation Strategy
CSO	Community Service Organization
DOH	Department of Health
FBO	Faith Based Organization
LGU	Local Government Unit
MDR-TB	Multi-Drug Resistant Tuberculosis
NIT	National Implementation Team
NTP	National Tuberculosis Program
PopCom	Commission on Population
RPRH	Responsible Parenthood and Reproductive Health
SDN	Service Delivery Network
SOTA	State of the Art

HEALTH PROJECT 2017-2022 IMPLEMENTATION ACTIVITIES

USAID/Philippines will implement the 2017-2022 Health Project through a combination of state-of-the-art field platforms, roll-out of innovations and system strengthening activities, along with monitoring, evaluation, learning and adapting. The suite of project activities related to tuberculosis will include:

- Five tuberculosis technical activities that transfer state-of-the-art experience in behavior change, quality improvement and equitable access to services, as well as working with the Department of Health and other stakeholders to develop and help roll out innovations in partnering, service delivery and technologies.
- Systems strengthening activities designed to make local ownership a reality by fortifying regional health governance and central and regional health financing and resource management, while institutionalizing leadership and policy development, currently being buttressed by USAID and other donors, into the Department of Health.

The key partner activity to the “TB Innovations and Health Systems Strengthening” activity is the “Patient-Centered TB Care” activity. The “Patient-Centered TB Care” activity will collaborate with the Government of the Philippines to expand, scale-up and institutionalize prevention, detection, and treatment of tuberculosis and multidrug-resistant (MDR) TB. Through partnerships with regional, provincial and local governments and communities, the activity will build capacity to reduce the tuberculosis burden in selected regions, reinforce the responsiveness of the health care delivery system, and develop approaches to reduce the catastrophic costs associated with tuberculosis treatment. The activity will focus on encouraging families and communities to adopt and foster healthy behaviors to prevent, detect and treat TB, uphold implementation at scale in regions with the highest TB burden and bolster key health systems necessary for efficient and optimal delivery of quality TB services. The activity will collaborate closely with partners to provide wrap-around technical assistance and scale-up new approaches and models developed by the “TB Innovations and Health Systems Strengthening” activity. Expected results include: improved TB health care-seeking, treatment adherence, and enrollment on treatment; robust service delivery networks with qualified health providers that offer comprehensive TB prevention, care and treatment services; and fortified systems that support governance, financing, laboratory services and data management and monitoring.

Please see <https://www.grants.gov/web/grants/view-opportunity.html?oppld=293547> for more details about the USAID/Philippines Patient-Centered TB Care Activity.

Summary of the Draft Activity Description

The “TB Innovations and Health Systems Strengthening” Activity in the Philippines is designed to strengthen national and regional level implementation of the National TB Strategic Plan by providing state-of-the-art capacity building and technical expertise to scale-up TB and MDR-TB prevention, detection and treatment. The activity will support the development of TB strategies, policies and guidelines; build the capacity of the Department of Health (DOH) and regions to implement a world-class national TB program; and develop, design and test new approaches and tools for TB prevention, detection and treatment. The activity will focus on four technical areas: improving the quality of care for patients with drug-sensitive (DS) and DR-TB; expanding evidence-based approaches for case detection and appropriate treatment-seeking behavior; institutionalizing and sustaining partnerships with the private sector for TB prevention, detection and treatment; and bolstering the TB diagnostic network system. The activity will also implement activities to address human resource and financial barriers that prevent quality TB service delivery.

Goal and Objectives

The goal of the “TB Innovations and Health Systems Strengthening” Activity is to support the Government of the Philippines to rapidly scale up and expand state-of-the-art strategies to eliminate tuberculosis and institutionalize these strategies within the National Tuberculosis Program. The project will support the National TB Program (NTP) to expand and scale up prevention, detection, and treatment of drug-sensitive and drug-resistant tuberculosis. The “TB Innovations and Health Systems Strengthening” activity will identify and help implement proven approaches to increase TB case detection rates; decrease default rates, and increase TB treatment success rates and TB cure rates.

As a key activity under Health Project 2017-2022, the “TB Innovations and Health Systems Strengthening” Project will support the achievement of the objectives below:

- Objective 1** – Rapidly expand state-of-the-art case detection, appropriate treatment-seeking behavior and treatment adherence interventions for vulnerable and high risk populations
- Objective 2** – Integrate and institutionalize high-impact practices to improve DS and DR-TB diagnostic systems and quality of care for public and private sectors
- Objective 3** – Fortify Department of Health system and capacity to implement a world-class national TB program

Specific Results to be achieved:

Expected results include but are not limited to: accelerated development and dissemination of national TB policies and guidelines that are aligned with international standards; analysis and introduction of new treatment regimens, medications and approaches for DR-TB; and consistent supply of quality health service providers; expansion of proven approaches to improve case-detection and appropriate treatment-seeking behavior; improved, evidence-based approaches for engaging the private sector to

diagnose and treat TB patients; more comprehensive and rapid high-quality TB laboratory diagnostics systems; and improved planning, execution and utilization of budgets for TB.

Partner and Donor Coordination:

To achieve the objectives and targets of the PhilSTEP1 (see power point presentation), close coordination between the National TB Program, the Global Fund Principal Recipient and other USAID activities will be essential. The “TB Innovations and Health Systems Strengthening” activity must prioritize work to align interventions with, complement, and fortify the activities of other partners and the DOH.

TB Innovations and Health Systems Strengthening - The “TB Innovations and Health Systems Strengthening” activity will be the lead USAID partner for helping to coordinate TB interventions at the national and regional levels. Given that many USAID-funded and Global Fund partners will be providing technical expertise to the NTP at the national level, close coordination and delineation of areas of responsibility will be critical. At both the national and regional levels, “TB Innovations and Health Systems Strengthening” will provide high-quality technical assistance support to the NTP to organize and expand coordination among implementing partners. This activity will need to closely collaborate with all partners who are working on related health systems strengthening interventions such as those that address governance and finance, human resources and TB supply chain management. The activity may test and put in place new approaches at the regional, provincial and community levels, collaborating closely with the “Patient-Centered TB Care” activity.

Patient-Centered TB Care - The “Patient-Centered TB Care” activity will be expected to help scale-up and institutionalize the new approaches and models pioneered and developed by the “TB Innovations and Health Systems Strengthening” activity in the regions and provinces where it is working. This activity will also play an important role putting in place and helping to roll out national policies, guidelines and approaches. The activity will inform the development of and report on execution of national strategies and plans through their experience on the ground and at lower levels of the health system. Therefore, the “Patient-Centered TB Care” activity will be expected to participate in national-level and in regional-level planning and coordination meetings to shed light on implementation issues, challenges, and opportunities on the ground.

TB Innovations and Patient-Centered Care Coordination - The “Patient-Centered TB Care” activity will be expected *to host an international expatriate TB and DR-TB technical expert throughout the life of the project*, who will be funded by and seconded from the “TB Innovations and Health Systems Strengthening” activity. The seconded technical expert will be expected to provide technical expertise and be fully incorporated into daily operations of the “Patient-Centered TB Care” activity. The technical expert will serve as a bridge between the two activities to foster coordination and harmonization of interventions.

Interim 2017 – 2022 Philippine Strategic TB Elimination Plan Phase 1 (PhilSTEP1)

*Dr. Marl Mantala, TASC / NTPMO
in behalf of the
Task Force on National Strategic Plan
Reg. 1 NTP Implementation Review
Oasis Hotel, La Union
February 22, 2017*

Flow of discussion

Context and process of plan formulation

Accomplishments of 2010 -16 PhilPACT

Framework and targets of PhilSTEP 1

Strategies, performance targets and activities

Implementation plan

Reasons for developing the NTP strategic plan

TB is still a major health problem

2010 – 16
PhilPACT already completed

WHO End TB strategy (2035)

“TB law”

DOH: Philippine Health Agenda

2010 – 2016 Philippine Plan of Action to Control TB (PhilPACT)

- A 6-year national strategic plan to control TB
- Issued through Administrative Order No. 2010-003
- Updated and Enhanced in 2013
- Assessed during JPR in March, 2016



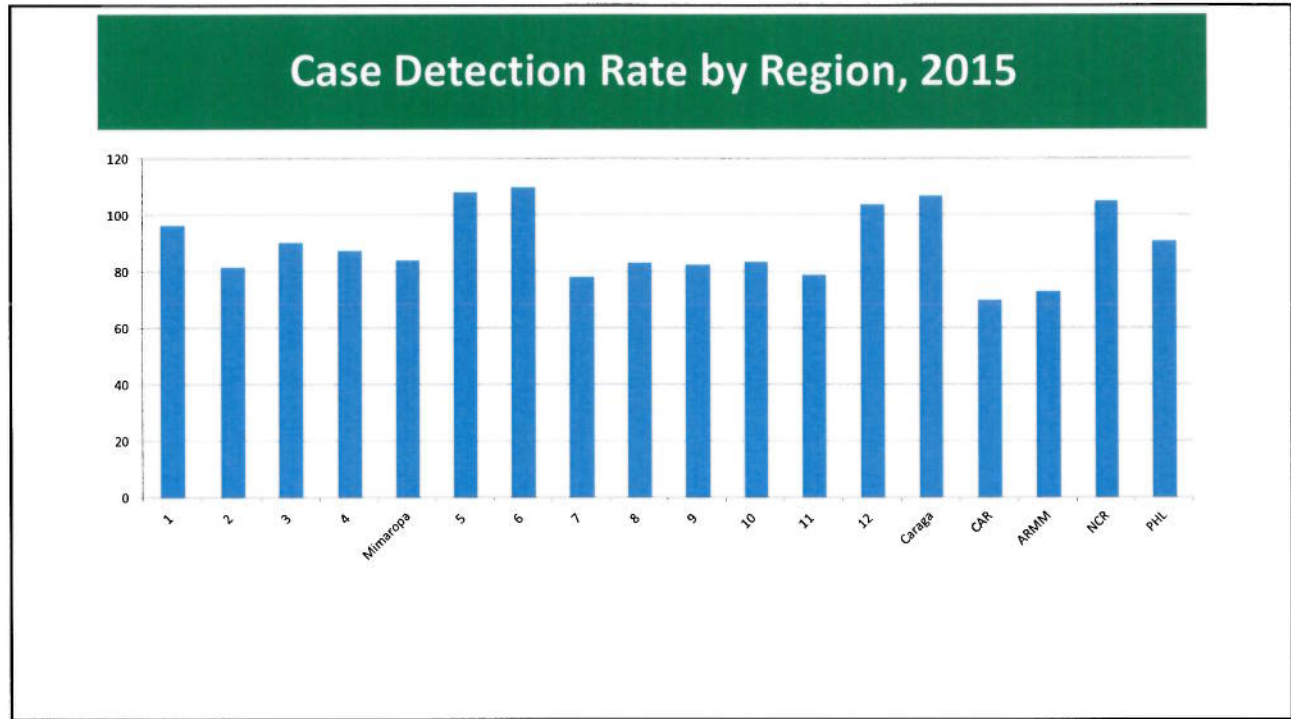
Processes in the formulation of PhilSTEP1



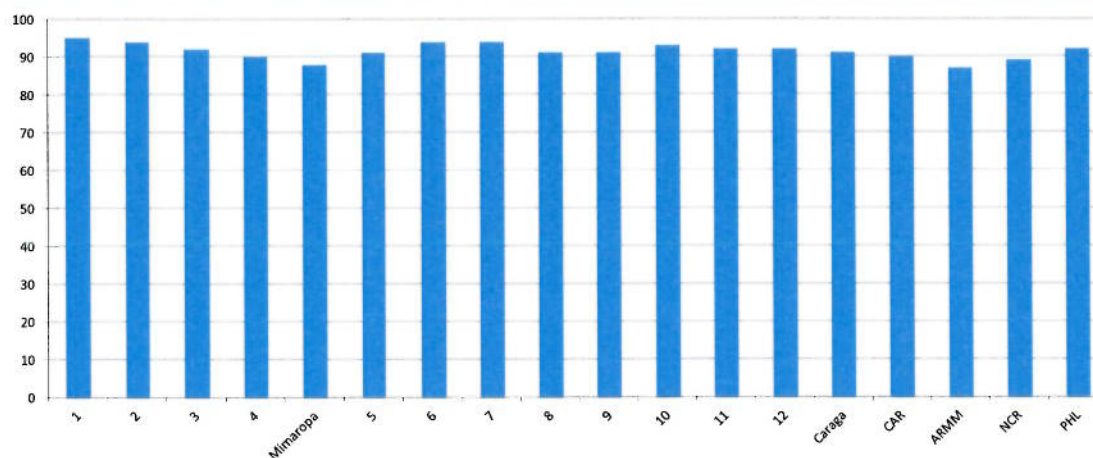
PhilPACT accomplishments: Impact

Indicators	Target	2015 accomplishment*	Status
Incidence Rate	Less than the baseline	322/100,000	Achieved
Mortality Rate	23/100,000	13/100,000	Achieved
Prevalence Rate	414/100,000	<414/100,000	Achieved

Status of Outcome targets, 2016			
Indicators	Target	2016 accomplishment	Status
Case Detection Rate, Drug Susceptible (All forms)	90%	92%	Achieved
Treatment Success Rate, Drug Susceptible (All Forms)	90%	92%	Achieved
Case Detection Rate, Drug Resistant TB	62%	32%	Not achieved
Treatment Success Rate, Drug Resistant TB	75%	49%	Not achieved



Treatment success rate, 2014 cohort



Status of Output targets, 2016

Indicator	Target	Accomplishment	Status
No. of TB symptomatics provided with DSSM	5.5 million	4,717,535	Not achieved; Not included those who used Xpert as a primary diagnostic tool
No. of TB patients provided with treatment	1.5 million	1,701,059	Achieved
No. of children provided with treatment or preventive therapy	730,000	181,728	Not achieved; stock-outs of drugs/ poor uptake of IPT
No. of MDR-TB detected and provided with second line anti-TB drugs	19,500	18,886	Not achieved: lack of access to diagnostic and treatment facilities for drug resistant TB cases
No. of TB patients provided with PICT on HIV/AIDS	45,000	57,590	Achieved

Status of Performance Targets, 2016

Strategy	No. of Performance Targets	Achieved	Partially Achieved	Not Achieved	Not Determined
1	5	2	1	2	0
2	3	0	2	1	0
3	4	4	0	0	0
4	3	1	0	1	1
5	6	0	1	5	0
6	4	2	0	2	0
7	3	2	0	1	0
8	4	3	0	1	0
Total	32	14 (44%)	4 (13%)	13 (41%)	1 (3%)

Key Programmatic Gaps based on JPR and stakeholders consultation

1. Missed TB cases due to the following;

- *Poor health seeking behavior of patients / communities*
- *Lack of access by patients to TB diagnostic services arising from geographical, financial and information barriers*
- *Unreported cases who consult health facilities and health care providers outside the NTP network*

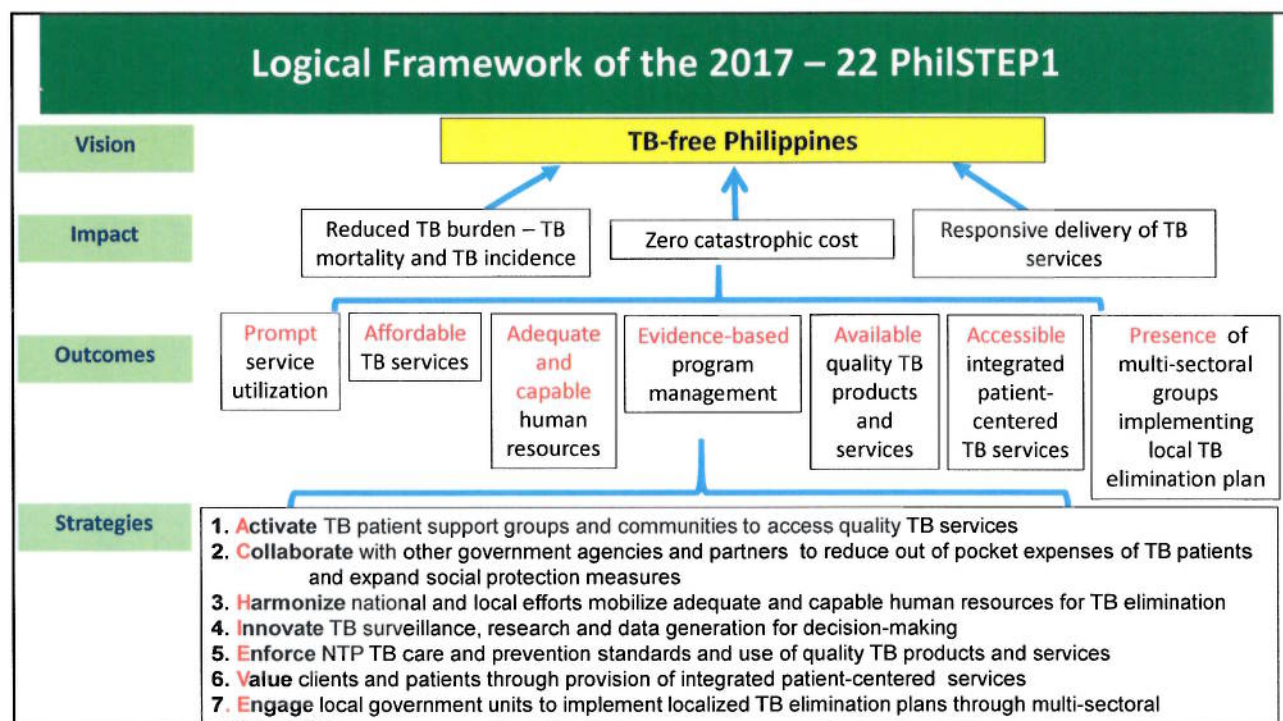
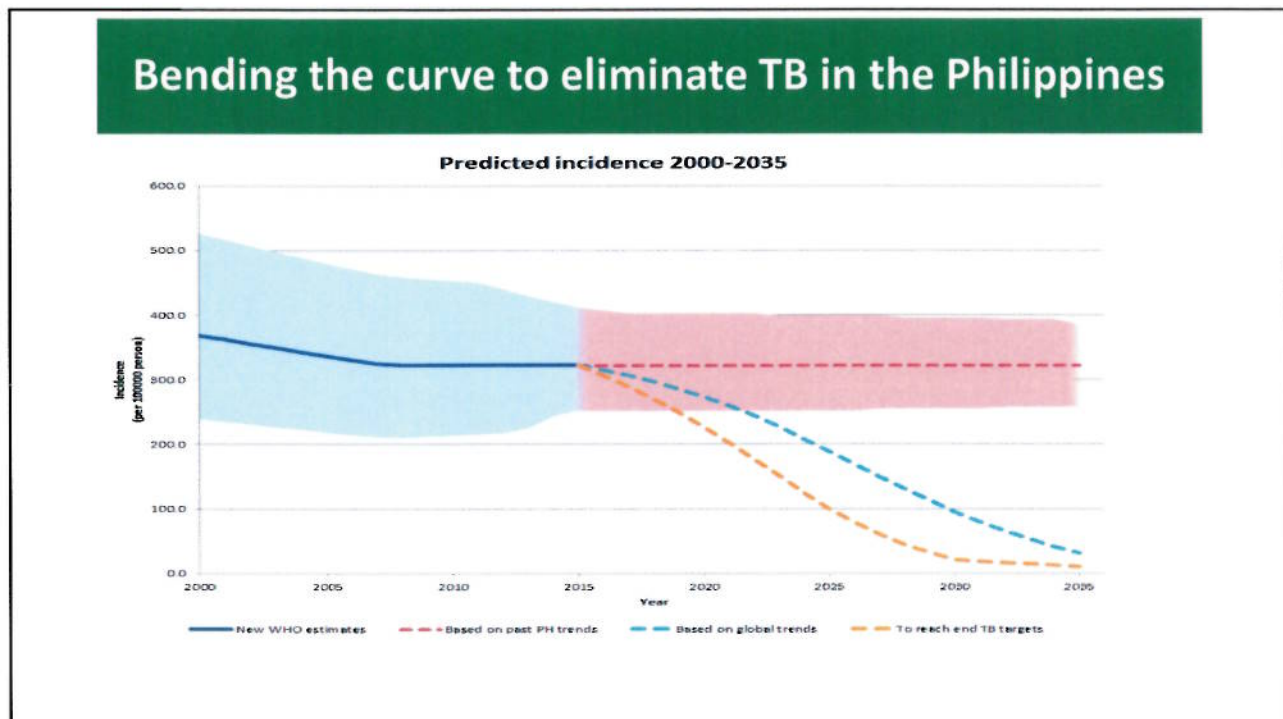
2. Poor / inadequate implementation of TB services for latent TB infected patients, drug resistant TB cases, TB/HIV and those who are high risk for TB

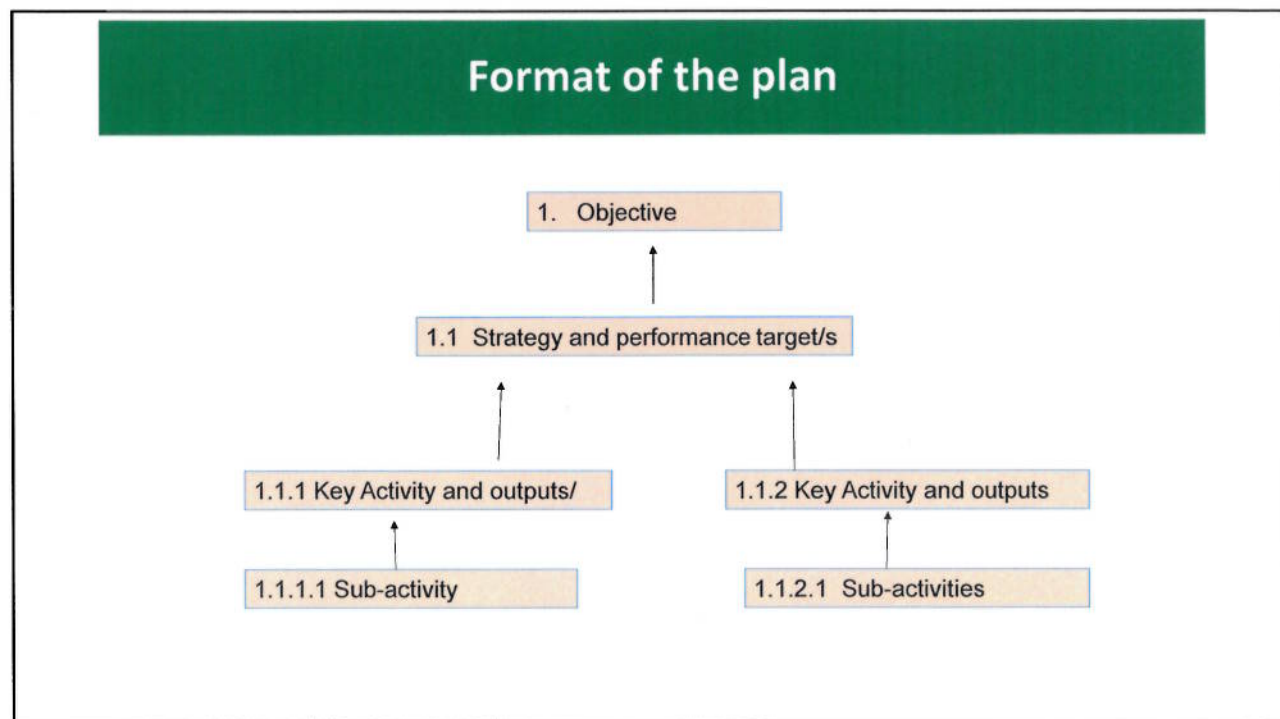
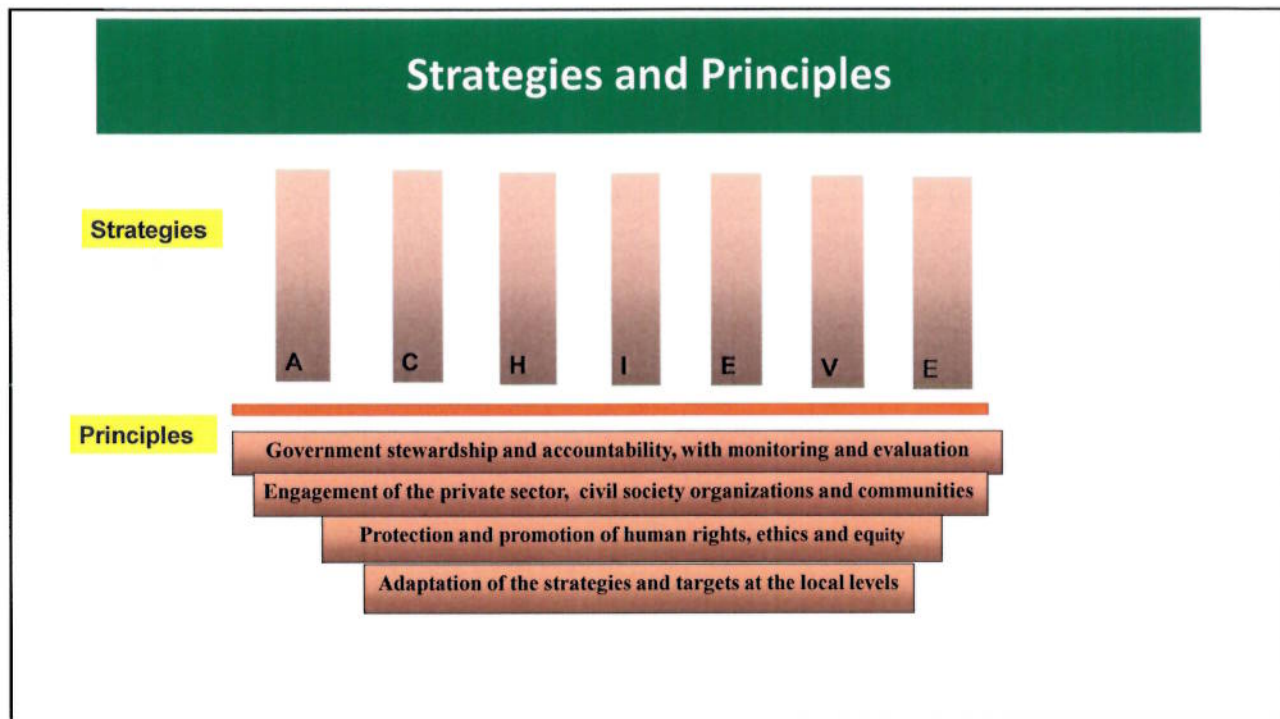
3. Limited reach of the poor and other vulnerable groups

4. Lack of human resources who have varying capabilities and commitment

5. Weak health systems support especially the supply chain management, TB surveillance and data generation

6. Varying performance and support to local TB program by the local government units





Impact Targets for 2022

- Reduce **number of TB deaths** by **50%** from 14,000 to 7,000 deaths
- Reduce **TB incidence rate** by **25%** from 322/100,000* to 243/100,000
- Reduce percentage of TB affected households that experience **catastrophic costs** due to TB from _____ to zero**
- At least **90%** of patients are satisfied with the services of the DOTS facilities

* Can change based on the result on the ongoing prevalence survey

** Baseline from the ongoing catastrophic cost study

Outcome Targets for 2022

Indicators	Baseline 2015	Target in 2022
• TB treatment coverage (CDR)		
Susceptible TB	92%*	≥ 92%
MDR-TB	32%	90 %
• TB treatment success rate		
Susceptible	92%	≥ 92%
MDR	49%	80%
• Case Fatality Ratio	4%	< 4%
• LTBI treatment coverage among HH child contacts aged less than 5 yo and HIV	Children: 14% PLHIV: 43%	90% 90%

* based on underestimated TB incidence rate and over-diagnosed TB cases

Total number who will benefit from PhilSTEP	
Indicators	Number (2017 – 2022)
No. of presumptive TB provided with primary TB diagnostic tests	7.2 million
No. of TB cases provided with treatment:	
Susceptible TB	1.7 million
Drug resistant TB	59,000
No. of children with TB provided with treatment	294,000
No. of HIV/TB provided with TB/ART treatment	88,800
No. with latent TB given treatment :	
Children	535,000
HIV	59,000

Objectives for 2017 - 2022
1. Improve the utilization of TB care and prevention services by patients and communities.
2. Reduce catastrophic cost of TB-affected families accessing DOTS facilities to zero.
3. Ensure adequate and competent human resources for TB elimination efforts.
4. Improve the use of TB data for effective TB elimination efforts.
5. Guarantee that all TB diagnostic and DOTS facilities are complying with NTP standards and with adequate quality TB products.
6. Increase to at least 90% of DOTS facilities that are providing integrated patient centered TB care and prevention services.
7. Enhance the capacities of all LGUs to implement localized TB elimination plan in coordination with different sectors.

The Strategies

1. Activate TB patient support groups and communities to access quality TB services

Performance targets	Key activities
<i>Patient's agenda incorporated into NTP plan and policies</i>	<ul style="list-style-type: none"> • Support the organization and activities of patient groups • Promote patient's rights and active participation in program management
<i>15% of total TB notifications coming from community referrals</i>	<ul style="list-style-type: none"> • Mobilize NGOs and CSOs to organize communities • Implement Integrated Marketing Communications
<i>Proportion of non-action takers/self-medicating patients decreased by 20%</i>	

2. Collaborate with other government agencies and partners to reduce out of pocket expenses of TB patients and expand social protection measures

Performance targets	Key activities
<i>20% average annual increase of DOH budget for TB elimination</i>	<ul style="list-style-type: none"> Obtain from DOH an increase in funding for TB, particularly for drug resistant and complicated TB cases. Mobilize other sources of funds and financing schemes for patients and health facilities
<i>70% of TB patients are supported by PhilHealth Outpatient Benefit package</i>	<ul style="list-style-type: none"> Revise the design of the TB DOTS benefit package Implement a communication strategy to make members aware of their benefits. Provide incentives to staff of TB DOTS facilities to obtain accreditation and avail of the PhilHealth TB DOTS benefit package
<i>100% HUCs have contracted private sector to provide TB services</i>	<ul style="list-style-type: none"> Develop and implement innovative payment mechanisms to engage the non-public sector for TB services

2. Collaborate with other government agencies and partners to reduce out of pocket expenses of TB patients and expand social protection measures

Performance targets	Key activities
<i>80% of poor TB affected families are availing of poverty reduction initiatives and/social protection programs</i>	<ul style="list-style-type: none"> Link prioritized TB patients to poverty reduction initiatives Strengthen communication strategies and lobby for additional health benefits from social protection programs Regularly measure catastrophic costs

3. Harmonize national and local efforts to mobilize adequate and capable human resources for TB elimination

Performance targets	Key activities
<p>At least 20% increase in the LGU hired health care providers</p> <p>DOH deployed human resources are involved in TB elimination efforts</p>	<ul style="list-style-type: none"> • Conduct HHR inventory study for the NTP • Conduct policy scan for HHR development & management • Advocate for policy reform to National agencies DOH, DBM, and DILG
<p>80% of identified non-RHU care providers are engaged</p>	<ul style="list-style-type: none"> • Map and conduct inventory of non-RHU care providers • Develop Capacity Building Packages for non-RHU care providers • Advocate and promote for DOTS engagement/ participation • Provide capacity building & integration into the DOTS Network • Develop and provide incentive schemes for sustained

3. Harmonize national and local efforts to mobilize adequate and capable human resources for TB elimination

Performance targets	Key activities
<p>At least 90% of HR are conducting tasks according to NTP protocol</p>	<ul style="list-style-type: none"> • Conduct competency-based mapping and analysis • Develop Comprehensive Capacity Building Packages • Facilitate PRC certification • Conduct of Trainings • Develop alternative teaching/learning platforms for all NTP HCWs • Integrate NTP modules in the school curricula

4. Innovate TB surveillance, research and data generation for decision-making

Performance targets	Key activities
<i>80% of health care providers are notifying TB cases</i>	<ul style="list-style-type: none"> • Fully implement the integrated TB information system (iTIS) • Link iTIS to other information systems (NOSIRS, FDA PV system, GX Alert, iClinicSys/HOMIS, PhilHealth system, eFHSIS, QuanTB) and new technologies (e-learning, mHealth, automated work management) • Do other iTIS enhancements (data analysis tools, new technologies) • Implement mandatory TB notification as per TB Law IRR

4. Innovate TB surveillance, research and data generation for decision-making

Performance targets	Key activities
<i>Accurate TB information are generated on time</i>	<ul style="list-style-type: none"> • Regularly update NTP recording and reporting system to comply with DOH and WHO standards • Conduct data and system quality check activities • Conduct research according to the updated Research Agenda • Conduct regular monitoring of all health facilities and lower organizational levels
<i>100% of program managers use information for evidence-based decision making</i>	<ul style="list-style-type: none"> • Implement capacity building on data management and utilization for all program managers • Conduct annual TB Performance Assessment and Improvement Planning activity • Publish and disseminate annual National and Regional TB reports

5. Enforce NTP TB care and prevention standards and use of quality TB products and services

Performance targets	Key activities
<p>At least 95% of DOTS facilities are certified to be complying with the revised NTP standards</p> <p>Proportion of staff of DOTS / laboratory facilities with TB disease is equal or lower than the TB incidence</p>	<ul style="list-style-type: none"> Update the NTP Manual of Procedures and train health care providers Implement the revised DOTS certification system Strengthen the infection control measures in the DOTS facilities and laboratories
<p>At least 95% of TB labs are under a well-functioning quality assurance system (Performance rate)</p> <p>All TB culture and DST laboratories meet biosafety standards</p>	<ul style="list-style-type: none"> Implement quality assurance system for TB laboratory services at all levels (QA system, maintenance, biosafety) Improve capacity of QA centers

5. Enforce NTP TB care and prevention standards and use of quality TB products and services

Performance targets	Key activities
<p>No stock-outs of quality and economical laboratory supplies and TB pharmaceutical products in all service delivery points</p>	<ul style="list-style-type: none"> Select only anti-TB medicines that are FDA registered and included in the Philippine National Drug formulary and laboratory supplies approved by NTRL Systematize the procurement of anti-TB medicines and laboratory supplies Implement a systematic distribution mechanism Enhance quality management system for anti TB medicines and NTP supplies Enhance safety monitoring system of anti TB medicines and NTP products through pharmacovigilance

6. Value clients and patients through provision of integrated patient-centered services

Performance targets	Key activities
<p>100% new and relapse TB patients tested using WRD as a primary diagnostic tool</p> <p>100% DST coverage</p>	<ul style="list-style-type: none"> • Expand and sustain TB laboratories operations • Support patients to undergo Xray examination • Conduct systematic screening for TB among the high risk groups
<p>At least 95% of detected DRTB patients are enrolled</p>	<ul style="list-style-type: none"> • Build capacity of DOTS facilities to provide services to both DS and DRTB patients • Implement shortened treatment regimen for DRTB patients and use new anti-TB medicines
<p>85% with negative culture at 6 months (interim)</p>	<ul style="list-style-type: none"> • Build capacity of DOTS facilities for prompt treatment and adherence to treatment of DRTB patients

6. Value clients and patients through provision of integrated patient-centered services

Performance targets	Key activities
<p>90% of DOTS facilities are adapting integrated patient-centered approach</p>	<ul style="list-style-type: none"> • Develop models for TB services with focus on gender, human rights and patient centeredness • Support DOTS facilities to provide TB services that are patient-centered, gender sensitive and human rights promoting
<p>100% of reports of discrimination and human rights violation among clients availing of TB services are acted upon</p>	

6. Value clients and patients through provision of integrated patient-centered services

Performance targets	Key activities
<p><i>80% of provinces/HUCs are with functional DOTS network providing integrated and expanded TB care and prevention services</i></p> <p><i>PPM expanded and sustained</i></p>	<ul style="list-style-type: none"> • Integrate TB (both DS and DR) with other health programs such as MNCHN, NCD, other infectious disease program, drug rehab, nutrition • Treat Latent TB infection among priority groups • Build capacity of DOTS facilities to improve adherence of DSTB patients to treatment • Maintain and sustain private sector delivery of DOTS services • Establish, support and sustain provincial/city DOTS network

7. Engage local government units to implement localized TB elimination plans through multi-sectoral collaboration

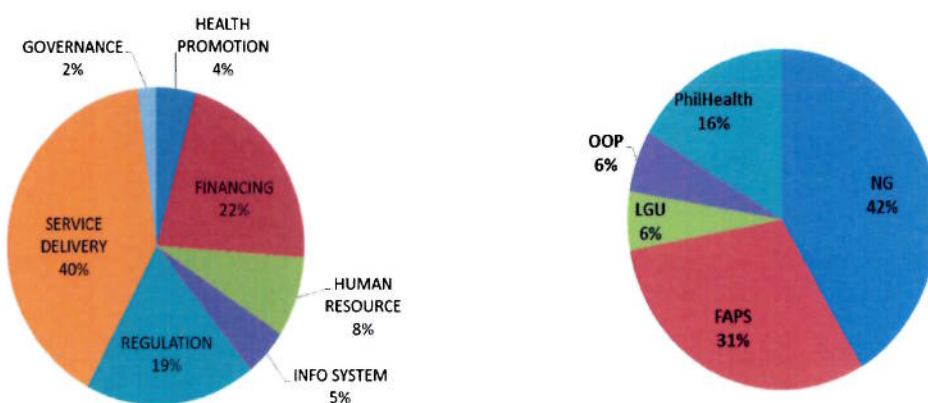
Performance targets	Key activities
<p><i>100% of provinces, HUCs, and municipalities have clear and costed localized TB elimination plans</i></p>	<ul style="list-style-type: none"> • Formulate and implement policy and guidelines for the development and implementation of local strategic & operational TB elimination plan including “TB elimination packages” • Support LCEs to lead in mobilizing support in the adoption of TB elimination package and in the development and implementation of the local TB elimination plans

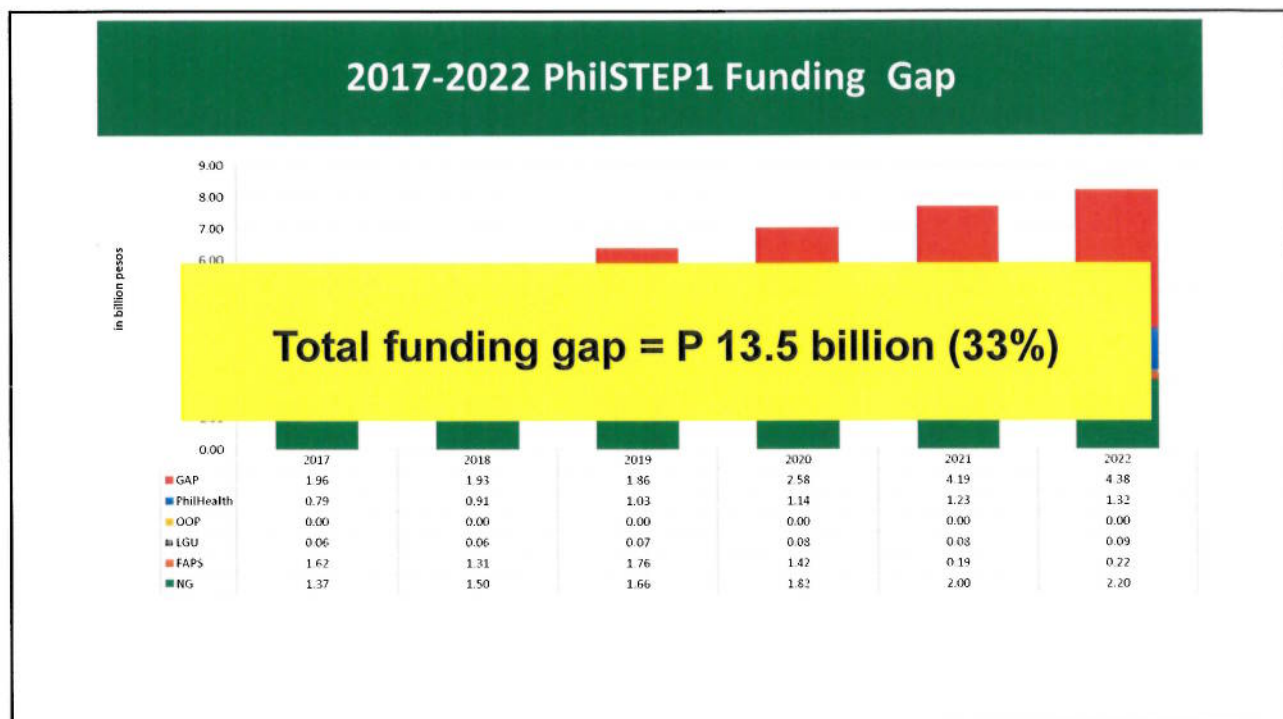
7. Engage local government units to implement localized TB elimination plans through multi-sectoral collaboration

Performance targets	Key activities
<i>All regions, provinces, cities and municipalities have active multi-sectoral committees supporting TB elimination efforts</i>	<ul style="list-style-type: none"> • Develop policy and implementing guidelines on multi-sectoral coordinating committees for the implementation of TB elimination plans in accordance with the IRR of RA 10767 • Build the capability of the multi-sectoral coordinating committees in TB elimination efforts • Develop and implement an annual implementation plan aligned with PhilSTEP1

PhilSTEP budgetary requirements by reform area and by source

Total requirements: P 40.8 B





Implementation Plan

- Finalization of the plan by Q3, 2017
- Dissemination and advocacy – media plan
- Localization of the plan: 2017
- Implementing approach - Jumpstart implementation of high impact strategies in 5 prioritized regions / areas; demonstration sites on TB elimination
- Implementing arrangements:
 - DOH – LGUs – partners
 - National and regional coordinating committees as described in the IRR

Thank you!

A journey of a thousand mile begins with a single step.



2016-2017



2017