



a world free of NTDs

# The Philippines Work Plan

**FY 2019**

**Project Year 8**

**October 2018–August 2019**



ENVISION is a global project led by RTI International in partnership with CBM International, The Carter Center, Fred Hollows Foundation, Helen Keller International, IMA World Health, Light for the World, Sightsavers, and World Vision. ENVISION is funded by the US Agency for International Development under cooperative agreement No. AID-OAA-A-11-00048. The period of performance for ENVISION is September 30, 2011, through September 30, 2019.

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## ENVISION Project Overview

The US Agency for International Development's (USAID)'s ENVISION project (2011–2019) is designed to support the vision of the World Health Organization (WHO) and its member states by targeting the control and elimination of seven neglected tropical diseases (NTDs), including lymphatic filariasis (LF), onchocerciasis (OV), schistosomiasis (SCH), three soil-transmitted helminths (STH; roundworm, whipworm, and hookworm), and trachoma. ENVISION's goal is to strengthen NTD programming at global and country levels and support ministries of health to achieve their NTD control and elimination goals.

At the global level, ENVISION—in close coordination and collaboration with WHO, USAID, and other stakeholders—contributes to several technical areas in support of global NTD control and elimination goals, including the following:

- Drug and diagnostics procurement, where global donation programs are unavailable
- Capacity strengthening
- Management and implementation of ENVISION's Technical Assistance Facility
- Disease mapping
- NTD policy and technical guideline development
- NTD monitoring and evaluation (M&E).

At the country level, ENVISION provides support to national NTD programs by providing strategic technical and financial assistance for a comprehensive package of NTD interventions, including the following:

- Strategic annual and multi-year planning
- Advocacy
- Social mobilization and health education
- Capacity strengthening
- Baseline disease mapping
- Preventive chemotherapy (PC) or mass drug administration (MDA)
- Drug and commodity supply management and procurement
- Program supervision
- M&E, including disease-specific assessments (DSAs) and surveillance.

In the Philippines, ENVISION project activities are implemented by RTI International.

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## ACRONYMS LIST

|         |  |
|---------|--|
| ALB     | Albendazole                                    |
| CDC     | US Centers for Disease Control and Prevention  |
| CHED    | Commission on Higher Education                 |
| DOE     | Department of Education                        |
| DOH     | Department of Health                           |
| DSA     | Disease-Specific Assessment                    |
| FY      | Fiscal Year                                    |
| GSK     | GlaxoSmithKline                                |
| HQ      | Headquarters                                   |
| LF      | Lymphatic Filariasis                           |
| LGU     | Local Government Unit                          |
| LOE     | Level of Effort                                |
| M&E     | Monitoring and Evaluation                      |
| MDA     | Mass Drug Administration                       |
| MEB     | Mebendazole                                    |
| MMDP    | Morbidity Management and Disability Prevention |
| MS      | Microsoft                                      |
| N/A     | Not Applicable                                 |
| NTD     | Neglected Tropical Disease                     |
| PC      | Preventive Chemotherapy                        |
| Pre-SAC | Preschool Children                             |
| Q       | Quarter  |
| RHU     | Rural Health Unit                              |
| RITM    | Research Institute for Tropical Medicine       |
| SAC     | School-Aged Children                           |
| SCH     | Schistosomiasis                                |
| STH     | Soil-Transmitted Helminths                     |
| STTA    | Short-Term Technical Assistance                |
| TA      | Technical Assistance                           |
| TAS     | Transmission Assessment Survey                 |
| TFGH    | Task Force for Global Health                   |
| USAID   | US Agency for International Development        |
| WHO     | World Health Organization                      |

## COUNTRY OVERVIEW

### 1) General Country Background

#### a) Administrative Structure

The Philippines is the world’s 12th most populous country with an estimated population of more than 105 million across 82 provinces in 2018. 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/municipality health authorities (see Table 1 for administrative levels).

**Table 1: Administrative levels and health structure in the Philippines**

| Level                            | Health Structure             | Number (as of 2018)   |
|----------------------------------|------------------------------|---|
| National                         | DOH                          | 1   |
| Regional                         | DOH Regional Office          | 17  |
| Provincial                       | Province Health Department   | 82  |
| Cities and Municipalities — LGUs | City/Municipal Health Office | 144 cities<br>1,490 municipalities<br>42,306 <i>barangays</i> /villages |

#### b) Other NTD Partners

The US Agency for International Development’s (USAID’s) End Neglected Tropical Diseases in Asia Project (led by FHI 360) provided support to the National NTD Program in the Philippines from October 2011 through September 2015. USAID support to the Philippines was transferred to the ENVISION project in fiscal year 2016 (FY16). Under ENVISION, activities focus on technical support—through short-term consultants and ENVISION staff—to the Department of Health (DOH) for developing disease-specific strategic plans, updating national policies, and enhancing the DOH NTD team’s use of data for decision-making. The Task Force for Global Health (TFGH) and the US Centers for Disease Control and Prevention (CDC) provided support to the DOH in May 2017 to conduct a Transmission Assessment Survey (TAS) Strengthening Study in Oriental Mindoro, which failed TAS2 in July 2016, to understand why the TAS2 failed and determine next steps to continue moving toward LF elimination. With funding from USAID the TFGH and CDC are continuing to support operational research focusing on following up children who tested positive for LF during TAS2 and TAS3 in other provinces.

The Government of China provided technical support for schistosomiasis (SCH) elimination strategies in the Philippines in 2016 and continues to offer SCH support when requested by the DOH.

The World Health Organization (WHO) remains a major source of technical assistance (TA) to the National NTD Program, providing funding for two consultants and financial support for data-strengthening activities, such as the creation of a Philippines National NTD Database. WHO also facilitates GlaxoSmithKline’s (GSK’s) donation of albendazole (ALB) for lymphatic filariasis (LF) mass drug administration (MDA), as well as Johnson & Johnson’s donation of mebendazole (MEB) needed for soil-transmitted helminth (STH) MDA in school-aged children (SAC). The DOH procures ALB for STH MDA for preschool children (pre-SAC), older schoolchildren, and women of childbearing age (see Table 2).

The DOH funds most of the NTD program activities and all drug procurement needs through line item NTD budgets.

**Table 2: Non-ENVISION NTD partners working in the Philippines, donor support and summarized activities**

| Partner             | Location (regions/states)                                    | Activities   | In FY18, was USAID providing direct financial support to this partner through ENVISION? | List other donors supporting these partners/activities      |
|---------------------|--|--|---|---|
| DOH                 | Central, Province, and District                              | Funds, plans and coordinates activities across the country                                     | No  | DOH, RTI, WHO, Government of China, TFGH, CDC               |
| DOE                 | Central, Province, District, and <i>Barangay</i>             | Provides support for school-based MDA throughout the country for STH                           | No  | DOE   |
| WHO                 | Manila with field visits to implementing provinces/districts | Provides technical support for strategic planning and M&E, as well as donations of ALB and MEB | No  | GSK, Johnson & Johnson, and Bill & Melinda Gates Foundation |
| Government of China | Central  | Provides technical support for SCH elimination   | No  | —   |
| TFGH/CDC            | Central  | Supported TAS Strengthening Study and follow up of TAS2/TAS3 positive children                 | Yes   | —   |

Note: DOE, Department of Education; M&E, monitoring and evaluation

## 2) National NTD Program Overview

### a) LF

Between July and October 2018, the Philippines is implementing MDA in 10 provinces, targeting 7.6 million people. Thirty-seven provinces are expected to be under post-MDA surveillance by the end of calendar year 2018, with a population of more than 37.8 million living in areas that have achieved the criteria for stopping MDA. The Philippines aims to have all provinces in the post-MDA surveillance phase by 2020.

The predominant parasite causing LF in the Philippines is *Wuchereria bancrofti*, transmitted by *Aedes poicilius* and *Anopheles minimus flavirostris*, although nocturnally sub-periodic *Brugia malayi* has been found in 10 provinces and is transmitted by *Mansonia uniformis* and *Ma. bonnea*. Microfilaria rates determined by data collected during studies from 1969–2000 were used to classify 47 provinces in 12 regions as endemic for LF, with an at-risk population of 45 million people.

### *MDA*

The DOH funds all MDA activities in the Philippines. MDA with ALB and diethylcarbamazine (DEC) was scaled up from 2003 to full national coverage in 2010. National coverage, defined by WHO as the proportion of the population requiring preventive chemotherapy (PC) for LF in a country that has been treated, was 91% in 2017. Provincial epidemiological coverage ranged from 65%–89%; July MDA in Lanao Del Norte was interrupted due to a conflict in Marawi, but was able to complete MDA by December 2017, achieving 88% coverage.

### *TAS and post-MDA surveillance*

School-based TAS 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 FY18, four TAS1, four TAS2, and six TAS3 are being implemented; in FY19, three TAS1, three TAS2, and 13 TAS3 are planned. In the 16 provinces that have passed TAS3, ongoing surveillance is being established and will be conducted by local health workers. The DOH uses Filariasis Test Strips in *W. bancrofti* areas and Brugia Rapid tests in 11 *B. malayi* areas for both TAS and ongoing surveillance.

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

The DOH Central Office provides funds to the regional office to procure disability management kits to lymphedema patients and funding for hydrocele surgeries. The National Strategic Plan for LF Elimination, supported with ENVISION funding, 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 a MMDP session during their 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.

## b) SCH

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 also be transmitted by 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 updating the SCH field guidelines.

SCH is endemic in 29 provinces (1,667 barangays), with 12 million people at risk and approximately 2.3 million people directly exposed to the disease. 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.

## c) STH

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 (RHUs) through the *Garantisadong Pambata* Program (a biannual 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 RHUs. 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 require MDA in calendar year 2018. Before the beginning of the MDA program in 2003, the prevalence using Kato-Katz among SAC aged 6–14 years was 64.7%, with a similar rate among pre-SAC (66.0%). In 2014 and 2015, the Research Institute for Tropical Medicine (RITM) 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. RITM has completed field work for a similar study to determine prevalence and intensity among pre-SAC; the results will be finalized by the end of calendar year 2018.

### 3) Snapshot of NTD Status in the Philippines

**Table 3: Snapshot of the expected status of the NTD program in the Philippines as of Sept. 30, 2018**

|                |                                   | Columns <b>C+D+E=B</b> for each disease |  |   | Columns <b>F+G+H=C</b> for each disease       |        |  |   |   |
|----------------|-----------------------------------|---|--|---|---|--------|--|---|---|
|                |                                   | MAPPING GAP DETERMINATION               |  |   | MDA GAP DETERMINATION                         |        | MDA ACHIEVEMENT  | DSA NEEDS   |   |
| A              | B                                 | C                                       | D  | E   | F   |        | G  | H   | I   |
| Disease        | Total No. of districts in country | No. of districts classified as endemic  | No. of districts classified as non-endemic | No. of districts in need of initial mapping | No. of districts receiving MDA as of 09/30/18 |        | No. of districts expected to be in need of MDA at any level: MDA not yet started or has prematurely stopped as of 09/30/18 | Expected No. of districts where criteria for stopping district-level MDA have been met as of 09/30/18 | No. of districts requiring DSA as of 09/30/18   |
|                |                                   |   |  |   | USAID-funded                                  | Others |  |   |   |
| LF             | 82*                               | 47**                                    | 35   | 0   | 0   | 10     | 0  | 37  | pre-TAS: 3***<br>TAS1: 3<br>TAS2: 3<br>TAS3: 13 |
| Onchocerciasis |                                   | N/A                                     | N/A  | N/A   | N/A   | N/A    | N/A  | N/A   | N/A   |
| SCH            |                                   | 29                                      | 53   | 0   | 0   | 29     | 0  | 0   | 0   |
| STH            |                                   | 82                                      | 0  | 0   | 0   | 82     | 0  | 0   | 0   |
| Trachoma       |                                   | N/A                                     | N/A  | N/A   | N/A   | N/A    | N/A  | N/A   | N/A   |

\*In the Philippines, the implementation unit is the province, not the district. The ENVISION workbooks only show 81 provinces. Davao Occidental split from Davao del Sur, but the percentage of the population in each province has not been confirmed. Thus, the workbooks only list Davao del Sur.

\*\*Lanao del Norte has less than 1% endemicity; however, this province conducted MDA because the surrounding provinces are all endemic.

Note: DSA, disease-specific assessment; N/A, not applicable

\*\*\*One of the pre-TAS, Mindoro Oriental, is pre-re-TAS.

## PLANNED ACTIVITIES

### 1) Project Assistance

#### a) Strategic Planning

**Activity 1: Finalize NTD pre-practice curricula modules.** In FY17, ENVISION provided funding for a consultant to develop seven disease-specific NTD pre-practice curricula modules to enhance the education of future doctors, nurses, midwives, 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 FY18, the Commission on Higher Education (CHED) conducted an informal review of the modules and recommended that they be adapted to the CHED format and tailored to each individual student group, which would increase the seven modules to 28. To ensure NTD gains are sustained within and strengthen the Philippines government health system, two consultants, one an expert on the CHED format and the other a disease content expert, will adapt the modules so that they meet the needs of the four student groups.

**Activity 2: Policy development for NTD pre-practice curricula.** RTI, the DOH NTD team, and CHED will draft an NTD Pre-practice Curricula Policy to institutionalize the pre-practice curricula. RTI will specifically follow guidance received from the Health Policy Bureau when developing the NTD Laboratory Network and Response Plan Policy to write the draft NTD Pre-practice Curricula Policy. The policy will be reviewed by the DOH NTD technical working group and the CHED review board. Once these groups have made their comments and the policy has been updated, if necessary, the Pre-practice Curricula Policy draft will be reviewed by the Management Committee of the Disease Prevention and Control Bureau. The Bureau will recommend the policy to the Office for Technical Services, the DOH's Executive Committee, CHED, the Health Promotion Bureau, and the Health and Human Resource Development Bureau.

**Activity 3: Align DOH LF Strategic Plan and Manual of Procedures with new WHO guidance.** ENVISION will work with the DOH to amend the current LF Strategic Plan, National Filariasis Elimination Program Manual of Procedures, and existing training materials to align with the new WHO triple drug treatment guidelines. This will mean including the option of the Ivermectin, DEC and ALB (IDA) combination to be used in MDA or as targeted treatment in focal areas with persistent transmission.

**Activity 4: SCH Strategic Plan review.** The DOH hired a consultant to update its SCH Strategic Plan and it will be finished in November 2018. ENVISION HQ staff will review the final plan and provide feedback and comments where necessary.

#### b) Building Advocacy for a Sustainable National NTD Program

**Activity 1: "Data for Action" visits to 5 provinces (Basilan, Davao del Sur, Davao Occidental, Lanao del Norte, and Surigao del Norte).** In FY17 and FY18, RTI supported "Data for Action" visits to provinces struggling to achieve low enough prevalence to stop MDA. In FY19, the DOH and ENVISION will support

these meetings in the remaining five provinces conducting MDA for LF (e.g., Basilan, Davao del Sur, Davao Occidental, Lanao del Norte, and Surigao del Norte). Completed data for action templates will be prepared prior to these meetings, and detailed implementation plans with targeted activities in the low performing municipalities will be produced during the meetings. RTI will continue to improve the Data for Action PowerPoint presentation template used at these meetings, based on feedback from the regions and provinces. The DOH will also use regional NTD meetings as opportunities to review subprovincial-level MDA and M&E data.

**Activity 2: Monitoring implementation of the NTD-specific Local Government Unit (LGU) Scorecard.** In FY16, RTI hired a consultant to develop an NTD-specific LGU Scorecard for the DOH. The NTD-specific LGU Scorecard is modeled after the Philippines' LGU Scorecard, a monitoring tool used by the municipalities and DOH to assess the performance of the combined efforts of stakeholders, health workers, partners, and private providers in implementing various activities to achieve health sector reform goals. The LGU Scorecard allows the municipalities to track their performance against that of other municipalities within their province and throughout the country. ENVISION funded a pilot test of the LGU Scorecard in Sorsogon Province in March 2018, which was conducted by the consultant who developed the NTD-specific LGU Scorecard. The pilot test found that, overall, the scorecard was a valuable resource for LGUs to objectively track progress and provide direction for the NTD programs; however, the records available at the health facilities only provided data for 19 of the 141 indicators of the scorecard. The DOH will use the results and recommendations from the Sorsogon pilot test, as well as results from testing in two additional provinces, to determine a minimum set of readily available indicators. Once the DOH makes this determination, ENVISION will hire the previous consultant to finalize the NTD-specific LGU Scorecard. ENVISION and the DOH will develop a plan with the Department of Interior and Local Government to roll out and institutionalize the NTD scorecard.

**Activity 3: Quarterly success stories.** To further disseminate the successes that the DOH and RTI have achieved in the Philippines, RTI will provide quarterly success stories to the USAID Mission. Suggested topics include the following:

- Preparing for introduction of IDA in the fight against LF
- LF Dossier Development
- Nationwide roll out of the NTD-specific LGU Scorecard
- Post-MDA Surveillance for LF

In addition to sending these success stories to the USAID Mission, the ENVISION communications team will disseminate them through blog posts, monthly newsletters, social media, and other means.

### c) M&E

**Activity 1: Data review.** RTI's Program Technical Support Manager will continue to work with the DOH NTD team, and mentor the DOH LF Program Coordinator on reviewing and analyzing the NTD data used for decision making and advocacy to the regional, provincial, and LGU leaders. The Program Technical Support Manager is compiling, updating, and tracking the LF activity results and will use this information to update, in collaboration with the DOH, the draft LF dossier data file.

The DOH and WHO are finalizing the Philippines' specific NTD database and do not require additional support for this activity.

**Activity 2: NTD Laboratory Network and Response Plan.** The NTD Laboratory Network and Response Plan was adopted into the larger national policy on reference laboratories and will be sent to the Secretary of Health in August 2018 for his signature. In FY19, ENVISION will continue to work with the DOH, RITM, and the Health Facilities Bureau to conduct site assessments and pilot test the network in Regions 5, 8, and 11; follow up with the laboratories on lessons learned during the pilot phase; and assist the DOH to adapt the NTD Laboratory Network and Response Plan, as needed. A site assessment to selected regional laboratories is planned with USAID Washington in quarter (Q)1 of FY19 to monitor the progress of the network and identify any potential future needs.

**Activity 3: Post-MDA Surveillance Case Study.** The DOH is conducting various post-MDA surveillance activities in provinces that have stopped MDA but are still finding positive cases during surveillance. ENVISION will assist the DOH to write a case study on these activities and their results that can be shared with the global community.

d) Dossier Development

The DOH has developed an LF pre-dossier with support from ENVISION. In FY18, RTI's Program Technical Support Manager worked with the National LF Coordinator to validate provincial level data, update the country's Blueprint for Elimination of LF, and update the dossier's data annex. In FY19, RTI will continue this technical support through RTI ENVISION staff, based both in the Philippines and United States, to develop the draft dossier further.



## APPENDIX 1: Work Plan Timeline

| FY19 Activities   |
|---|
| <b>Management Support</b>   |
| Budgeting and Planning  |
| <b>Project Assistance</b>   |
| Strategic Planning  |
| DOH Central-level Program Support   |
| Finalize NTD Pre-Practice Curricula   |
| Policy Development for the NTD Pre-Service Curricula  |
| Align DOH LF Strategic Plan and Manual of Procedures with new WHO guidance  |
| SCH Strategic Plan Review   |
| Building Advocacy for a Sustainable National NTD Program  |
| Data for Action visits to 5 provinces (Basilan, Davao del Sur, Davao Occidental, Lanao del Norte and Surigao del Norte) |
| Monitoring NTD-specific LGU Scorecard Rollout   |
| Quarterly Success Stories   |
| <b>M&amp;E</b>  |
| Data Review   |
| NTD Laboratory Network and Response Plan Support  |
| Post-MDA Surveillance Case Study  |
| <b>Dossier Development</b>  |
| LF Dossier Development Support  |

## **APPENDIX 2. Table of USAID-supported Regions and Districts in FY19**

The Philippines DOH directly funds all mass drug administration (MDA) and disease-specific assessments (DSAs) in the country. There are no provincial-level MDA or DSA activities supported with ENVISION funding in FY19.

