

# STRENGTHENING THE PHILIPPINES NATIONAL TUBERCULOSIS CONTROL PROGRAM: A PROPOSED POLICY AND GUIDELINES

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## INTRODUCTION

Transmission of TB has been on record in health care centers where health care workers and patients are in close contact with people who have this disease. People who work or receive treatment in health care centers are more prone to acquire this disease.

An article entitled, *TB infectious control and prevention* (2012) says that: “It is therefore, a necessity that prevention and control of this disease should be given importance. It is necessary to have a TB infection control plan as part of a general infection control program designed to ensure the following: 1) prompt detection of infectious patients, 2) airborne precautions, and 3) treatment of people who have suspected or confirmed TB disease.” It further reiterates that “In order to be effective, the primary emphasis of a TB infection control program should be on achieving these three goals.

## STATEMENT OF THE PROBLEM

This study assessed the effectiveness of monitoring of stakeholders involved in the national tuberculosis control program.

Specifically, this study answered the following research questions:

1. What is the profile of the respondents in terms of:
  - 1.1 Respondent type,
  - 1.2 Age,
  - 1.3 Gender,
  - 1.4 Location of health center they are connected,
2. How do the respondents assess the effectiveness of the implementation of National Tuberculosis Programs in terms of the following independent variables:
  - 2.1 Screening,
  - 2.2 Medication,

- 2.3 Case holding,
- 2.4 Follow up
- 2.5 Contact investigation
- 3. Is there a significant difference in the assessment of the effectiveness of National Tuberculosis Control Program as regards to:
  - 3.1 Identified independent variables and
  - 3.2 Stakeholders?
- 4. Do independent variables have an equal effect upon the dependent variable in the effectiveness of monitoring of stakeholders?
- 5. What are the enablers and barriers encountered by the respondents in the study?
- 6. What policy or guidelines may be formulated to strengthen the National Tuberculosis Program?

## **THEORETICAL FRAMEWORK**

As deduced from an expensive review of related literature, the study adopts as its theoretical framework the theory of Addington which stated that the success of the TB treatment Program depends on a well supervised treatment of the patients. He mentioned that the failure of the control of tuberculosis in the U.S. is due to the non-compliance of the patients to undergo a therapy of treatment if they are not supervised.

Supporting the cited theory is Sumartojo(1993), who spoke that a "more systematic, theory based work needs to be done by tuberculosis researchers ... Increasingly, researchers and program administrators will be asked to ensure that these strategies ...Paid community health workers are an essential part of many tuberculosis programs." He reiterated that adherence of the program by patients should be well managed.

## **SUMMARY**

The data were gathered, recorded, compiled and reported by a controlled group of the public health stakeholders from the different health centers in Mandaluyong City, Quezon City, Cuenca Rural health Unit in Batangas, Calumpit Bulacan, Camarines Sur, Bicol Province, and South Cotabato Health Centers.

## **SAMPLING AND SAMPLING PROCEDURE**

Six (6) major groups of respondents composed of Doctors, Nurses, Medical Technologists, Midwives, Barangay Health workers and patients were chosen to participate in the survey. Random sampling was utilized in gathering the data.

**Analysis of Variance (F-test)** was utilized to test the significance of the assessment among the indicated groupings of the respondents.

**Regression Analysis** was used to test the hypothesis whether the independent variables have equal effect in achieving the effectiveness of the implementation of the national Tuberculosis Program.

### **On the Assessment on the Effectiveness of the Implementation of the National Tuberculosis Control Program**

In terms of the screening done by Medical technologists an excellent response was noted by health respondents in all statements except in statements number 4 and 5, where the Medical Technologists, read slides in microscopic examination with false positive and false negative results. This statement gave poor performance as assessed by the respondents in the study.

On the medication done by Medical Doctors in National Tuberculosis Control Program an excellent assessment from the health respondents was observed. The case holding done by Nurses, Midwives and Barangay Health Workers have an excellent assessment by the health respondents.

### **On the assessment of respondents as regards the effectiveness of National Tuberculosis Program in terms of screening, medication, case holding, follow up and contact investigation.**

There was no significant difference found between the respondents assessment on the effectiveness of the implementation of the national Tuberculosis Control Program in terms of screening, medication, case holding, follow up and contact investigation.

### **On the enablers encountered by the health respondents in National Tuberculosis Control Program**

Hazard pay, and increase in salary communicated to patients by means of telephone calls were the enablers assessed by health respondents as very good. Assigning treatment partner, regular review of patient progress by nurses, encourage the family members of the patient for the continuation of treatment by midwives, as assessed by health respondents, were rated as excellent. On the other hand, the giving incentives to patient was rated as good.

The barrier encountered by the health respondents in the study included poor training and supervision to community health workers, low motivation to Tb patient, lack of referral by non DOTS physician, difficulty of obtaining sputum from patient, and the presence of gastritis among patient because of insufficient food at home. All of these statement got a poor assessment from the health respondents.

Failure to give adequate information to patient, lack of training in treating patients, busy schedule, misdiagnosis of patient because of lack training in DOT program and angrily treating

patient for not adhering to medication were considered as assessment that needs improvement by the health respondents.

### **On the recommended guidelines or policy for the effectiveness of national Tuberculosis Control Program.**

The overall results of this study suggests a comprehensive policy, implementing guidelines, organization and investment for the effective implementation of the National Tuberculosis Control Program, as follows:

#### **1. National Policy on Tuberculosis Control**

Both the national legislature, referring to the Philippine Congress, and the different local government units should be able to legislate national and local government units should be able to legislate national and local measures to effect a national strategy for the implementation of Tuberculosis Control Program. Only the Philippine Congress can legislate and appropriate adequate funding and investment for tuberculosis control. Even if you have trained health workers, and cooperative patients, such program will be sustainable without adequate funding and resources. The WHO projects in 2015 p to 2035 sustainable goals for tuberculosis control, which must be supported by strong country initiative. Tuberculosis Control Program must be given priority in the allocation of resources, as more people become more infected as a result of deteriorating environment as a sequence of industrialization and other hazardous business activities. The legislation at the national level by Congress, and local ordinance at the Local Government Units should cover enforcement of the corporate responsibility of business and industries to pay appropriate taxes as pay-off for their activities that are hazardous to health. The policy should specifically indicate the national and local political will to arrest the disease through the better governance and management of the National Tuberculosis Control Program.

#### **2. Implementing Guidelines**

After national and local policies have been issued, the Department of Health should be able to design an operations manual that will guide the different health workers to include doctors, nurses, medical technologists, barangay health workers, hospitals and clinics on the procedural steps on the management and implementation of the TB control program from screening, medication, handling, monitoring, evaluation and follow up. The operating manual should be simple and instructive enough to be understood by an ordinary barangay health workers or even the patients, who are the forefront of the implementation of the control program.

#### **3. Program Organization**

As there are many organizations and stakeholders involved in the implementation of the control program, the Department of Health should be able to come up with a cooperation framework among participating entities. This organization should be properly supervised by the DOH down to the barangay level. Functions and duties of the different health workers and their

counterparts at the barangay level should be carefully defined. Information and education materials should be developed and disseminated at the national down to the local level for effective awareness and handling of the disease.

#### **4. Investment on Tuberculosis**

Sin taxes should give priority to funding tuberculosis control program in sustainable basis. There should be an annual percentage rate to be identified in the national legislation and local ordinances, specific percentages of sin taxes that should be given to tuberculosis control. It is a fact that in developing countries very minimal funds are allocated for this disease as it is competing with other basic illness that are prevalent in developing countries.

#### **5. Capability Building of Health Workers**

The recommended guidelines in the study includes a comprehensive continued training for Medical Technologists to avoid reading of false positive and false negative results of TB slides. More trainings of nurses, Midwives and Barangay Health Workers on the motivation of patients for the completion of treatment.

Further training of Medical Doctors in the National Tuberculosis Control Program to prevent misdiagnosis of patients and for proper referral system. There should be a collaborative efforts between private and public health practitioners for the former to refer TB patients to public health centers. There should be a massive education for the prevention of TB as tripartite efforts of government, civil society, and the business sector. Additional salary for ll health respondents and additional incentives to barangay Health Workers.

#### **6. Facility and Medicines**

Regular supply and procurement of TB drugs especially in the province. Provision of clean and tidy health center for clients and health respondents.

**On the whole**, the study poses demands and challenges to public administration, as the maintenance of a healthy populace is a public concern. Thus, health administrators fro the national down to the barangay levels must be made aware of the governance issues involved in tuberculosis control.

This is where this researcher wants to focus the overall purpose of this dissertation. As a public administration scholar and practitioner, it is but my duty and those of the rest of my colleagues in the health sector, to recognize and pt into practice the better management and governance of health programs, in this case- the National Tuberculosis Control Program.

In the end, or effectiveness as workers in the health sectors would be gauge not in the number of patients we have treated but in the overall outcome of the tuberculosis control program,

which is that of the annual decrease of the incidence, prevalence , morbidity and mortality rates in the country, most especially the survival rates of those inflicted by the disease.

Let it be said, that public administration as a discipline and practice , plays a major role in capacitating the country in arresting the disease at the policy, implementation and evaluation levels.

**IJRST**