

Voices from the Ground:

A TB Situation Report Based on the CallKaLungs Community Hotline Feedback



Community-Led Monitoring (CLM) is a system where service users and directly impacted communities lead a systematic data collection effort in which the community itself decides which issues should be tracked, creates indicators, and collects facility- and community-level data. These data are then analyzed and used to support advocacy directed at government and donors, with the aim of improving accountability and the quality of healthcare services.¹

The **CallKaLungs TB Community Hotline** is a CLM system that enables the TB-affected community to share their experiences related to TB programs and services. It was established by Action for Health Initiatives, Inc. (ACHIEVE) and the Philippine Alliance to Stop TB (PASTB) in 2022 and was piloted in six regions: the National Capital Region, Central Luzon, CALABARZON, Western Visayas, Davao, and Northern Mindanao.

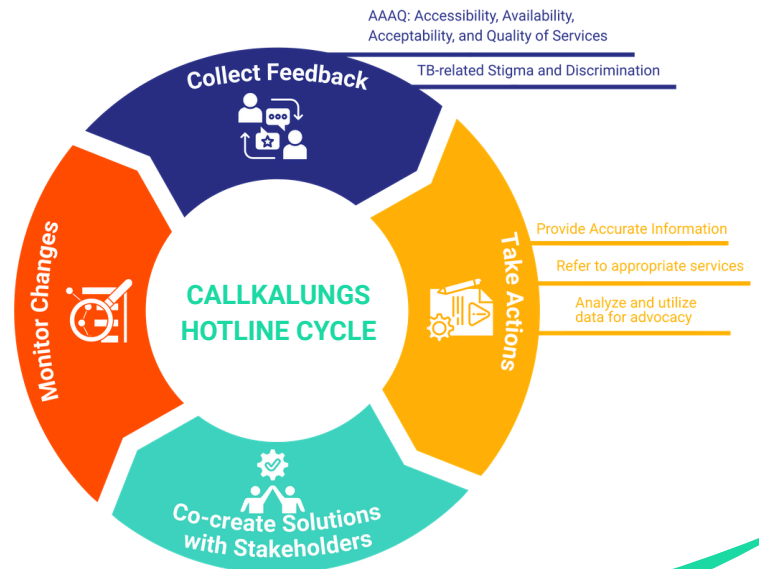
This advocacy brief is based on 1,043 reports collected by the Community Responders of CallKaLungs from December 2022 to July 2024. These reports reflect the feedback of communities regarding TB service accessibility, availability, acceptability, and quality, as well as their experiences of TB-related stigma and discrimination.

Through CallKaLungs, communities are directly involved in improving TB services, advancing their right to health, and ultimately contributing to the goal of the Department of Health of zero TB-related deaths by 2030 in the Philippines.



Number of Cases per Pilot Area:

Central Luzon	179
National Capital Region	99
CALABARZON	170
Western Visayas	284
Northern Mindanao	14
Davao Region	297



ACCESSIBILITY

NUMBER OF REPORTS: 588



71%

Could not access TB services **BECAUSE THEY DIDN'T KNOW WHERE THE TB SERVICE FACILITIES WERE LOCATED.**

19%

Had difficulty in accessing TB services **BECAUSE OF THE HIGH COST OF MEDICINE AND OTHER SERVICES AND TRANSPORTATION EXPENSES**

5%

reported they cannot go to facilities because of conflict with their schedule of operations

4%

HAD DIFFICULTY IN ACCESSING SERVICES BECAUSE OF THE FACILITY'S PHYSICAL DISTANCE FROM THEIR RESIDENCE.



AVAILABILITY

NUMBER OF REPORTS: 81

35%

reported that patients are unable to undergo TB screening and testing **due to the stockout of GeneXpert cartridges.** There were also reports of a **shortage of Purified Protein Derivative (PPD) skin tests, stockouts of sputum cups, and malfunctioning X-ray machines.**



Although there are patients who can still purchase their TB medicines, they still incur huge costs depending on their treatment regimen, and this still impacts the overall finances of the individual or their families as a whole.

47%



38 of the 81 calls were about stockouts of TB medicines.

12%

reported concerns over the unavailability of TB facility staff, which caused delays in providing TB services to clients.

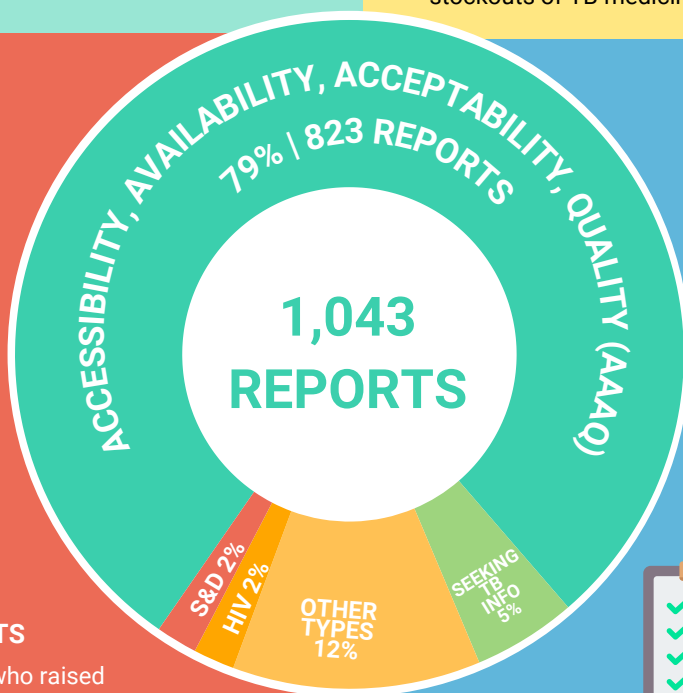


100%

EXPERIENCED TB TREATMENT SIDE EFFECTS

All the reports were from patients who raised issues about the side effects of their TB medicines. There were accounts of **experiencing itchiness, dizziness, nausea, weakness, and issues with their eyesight.**

Although these adverse reactions are common, they are difficult to manage. A few of the callers shared that they **stopped drinking TB medicines after experiencing side effects.**



13%

REPORTED NEGATIVE ATTITUDES AMONG HEALTHCARE PROVIDERS



NON-COMPLIANCE WITH TB PROTOCOLS



14 CASES ON TB MEDICATION

18 CASES ON TB DIAGNOSTIC PROCEDURES



7 clients reported that certain treatment facilities are perceived to have unreasonable turn-around times in providing results/updates and are unresponsive to phone inquiries.

ACCEPTABILITY

NUMBER OF REPORTS: 51

QUALITY

NUMBER OF REPORTS: 103



Service Accessibility

Accessibility means that the TB Program must ensure that the health facilities, goods, and services are within safe physical reach for all.² In terms of economic accessibility, health services must be affordable for all. From the reports received through the Hotline, there were 588 recorded service accessibility issues.



The two highest reasons for difficulty in accessing TB services are **lack of awareness about the location of TB facilities and insufficient financial resources to pay for the services**. Out of 588, 420 (71%) of the reports received were from communities that could not access TB services simply because they did not know where the TB service facilities were located. These calls highlight the importance of information on the location of TB service providers, as it is critical for the community to access such services.



One hundred and eleven calls (19%) reported **difficulty in accessing services because of the high cost of medicines, other services, and transportation from their residence to the facilities**. This is further supported by the three calls received by CallKaLungs asking about the enabler funds from the Global Fund.

In the TB Community Report titled “Towards a People-Centered TB Response in the Philippines: A Community Report by People Affected by Tuberculosis” that ACHIEVE and PASTB produced in 2023, the cost of TB services was also raised by TB-affected communities. This requires immediate attention, especially since one key strategy of the national TB program is addressing catastrophic costs to ensure that communities can access TB screening services and complete their treatment.



Five percent (27 of 588) of the calls reporting accessibility issues mentioned that **the schedule of operations of the health facilities conflicted with that of clients**. In addition, 25 reports mentioned **difficulty in accessing services because of the physical distance of the facility from their residence**.

Service Availability

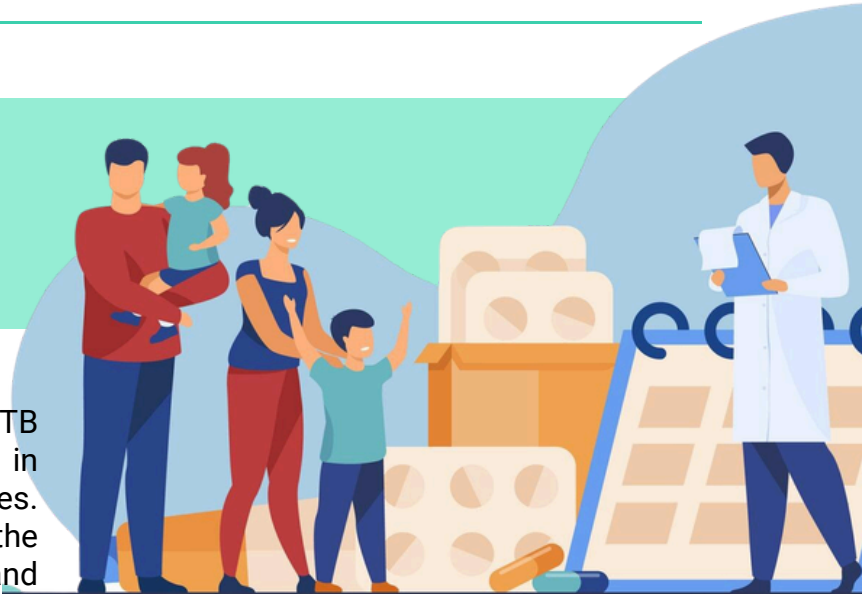
Availability means that services for TB detection and treatment are available in sufficient quantities in health facilities. This also takes into account the adequacy of healthcare personnel and staff to address the needs of the patients.³ The CallKalungs received 81 calls from the community complaining about the shortage or the unavailability of these services.



The CallKaLungs received reports of stockouts of TB medicines from all six regions where it was rolled out. Thirty-eight (47%) of the 81 calls were about stockouts of TB medicines. A client from one region reported that 28 patients from their locality were waiting to be enrolled in TB treatment. In another region, there were reports about

200 clients awaiting TB treatment enrollment. There were calls about medicine stockouts lasting for months.

For instance, CallKaLungs received constant reports of medicine stockouts in one region that started in December 2023 and were resolved only in May 2024. Because of this problem with the supply of TB medicine, communities reported requesting prescription to buy their own medicine just so they could either initiate or continue treatment.



Based on these reports on the inaccessibility of TB services due to costs, it should be understood that although there are patients who may be able to purchase their TB medicines, they still incur huge costs depending on their treatment regimen, and this still impacts the overall finances of the individual or their whole families.

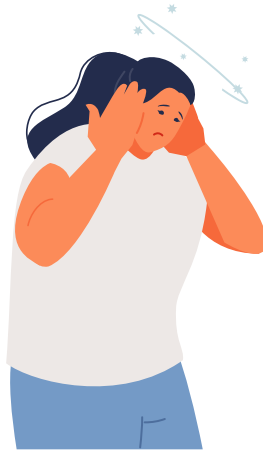
There were 28 (35%) reporting inability to undergo TB screening and testing due to the stockout of GeneXpert cartridges. There were also reports of a shortage of Purified Protein Derivative (PPD) skin tests, stockouts of sputum cups, and malfunctioning X-ray machines. If these problems continue, the national TB program will be hard-pressed to accomplish targets in expanding the coverage of services for TB diagnosis and notification. Worse, stockouts and shortages of TB screening services and TB medicine lead to more infections.

Ten (10) out of the 81 calls reported concerns over the unavailability of TB facility staff, which caused delays in providing TB services to clients. In one report, a patient had to wait two weeks for a doctor to be available for consultation.

There were six reports that attributed the delays in accessing GeneXpert testing to the protocol requiring patients to first undergo COVID-19 testing. These delays hindered timely diagnosis and subsequent treatment enrollment.

Service Acceptability

Acceptability means that TB services, including health facilities, are culturally appropriate, gender sensitive, and ethical.⁴ CallKaLungs recorded 51 calls reporting issues related to service acceptability.



These calls were from patients who raised issues about the side effects of their TB medicines. There were accounts of experiencing itchiness, dizziness, nausea, weakness, and issues with their eyesight. Some callers also reported that medicines were difficult to swallow.

Although these adverse reactions are common, they are difficult to manage. **A few of the clients of CallKaLungs shared that they stopped taking TB medicines after experiencing side effects.** Not only are these adverse drug reactions an added burden for the TB patients, but they also undermine treatment adherence, which can lead to drug resistance.

While the side effects of TB medicines may not be an issue that the TB service providers can address, providing TB patients with support to manage side effects and ensure completion of their treatment should be part of their program.

The research on and development of safer and more effective TB medicines should be a continuing agenda of TB communities, civil society organizations, health institutions, pharmaceutical companies, development partners, and the international donor community.



Quality means that TB services are “scientifically and medically appropriate,” patient-centered, and administered with professional competence by skilled health workers.⁵ CallKaLungs recorded 103 calls on issues related to the quality of TB services. Among these calls, a considerable number were about the level of knowledge of service providers and their non-compliance with existing protocols from the DOH.

Service Quality

Non-compliance with the Protocols on TB Medication. Fourteen clients reported non-compliance with protocols on TB medication. In some of the cases reported, HR Isoniazid/Rifampicin was prescribed for six months by a private doctor instead of only three months. This medicine can be taken for up to 4 months but not 6 months, as indicated in the DOH-NTP MOP. Several clients expressed their disappointment after buying medicine that are not appropriate for their conditions.

Some clients turned out to be resistant to Rifampicin but had already purchased Fixcom 4 as advised by their private physicians. As per the general rule of the DOH NTP-MOP, those with presumptive TB should be subjected to GeneXpert first before buying medicines to start treatment.

Non-compliance with the Protocols on TB Diagnostic Procedures. Seventeen cases of non-compliance with the protocols on TB diagnostic procedures were reported to CallKaLungs. These include failing to conduct the screening using the GeneXpert before treatment initiation. Cases reported under this were usually of private practitioners who prescribed TB treatment to patients who had not undergone a sputum GeneXpert test.

There was a case involving a TB patient who expressed concern related to contact-tracing after exposure. The patient had already undergone treatment for 20 days, but there had been no referral made for contact-tracing regarding the potential exposure of his eight-month-old daughter. CallKaLungs reminded one health worker of the patient navigation guide/protocol after failing to contact and trace the daughter of the client and offer TB preventive treatment (TPT).

One private doctor used smear microscopy to diagnose TB and started the patient's DSTB treatment before referring them to undergo a GeneXpert test. Smear microscopy results are typically used for treatment follow-up and not for diagnosis.⁶ As per the DOH NTP-MOP, the standard diagnostic tool is GeneXpert, and the only time the clinical diagnosis of the physician is accepted is when the patient cannot expectorate or cannot avail of a GeneXpert. These exceptions do not apply to the cases of the clients on record.

In another case, a private medical doctor requested a Gene-Xpert test before the release of a medical certificate, even if their clients are asymptomatic and have negative CXR results. As per the DOH NTP-MOP, only those with TB signs and symptoms and/or with a CXR reading suggestive of TB will be required to undergo a Gene-Xpert test.

The CallKaLungs responders received complaints from 14 TB patients regarding negative attitudes among healthcare providers. Some were perceived to be closed off and unapproachable and did not take the time to explain the treatment processes and possible side effects of the medicines. Some health facility staff were also not responsive to inquiries from their patients, including requests for fit-to-work certificates. Additionally, 13 patients reported that the explanations they received from the healthcare provider about their TB treatment were unclear. As a result, some clients struggled with treatment adherence.

Seven (7) clients reported that certain treatment facilities are perceived to have unreasonable turn-around times in providing results/updates and were unresponsive to phone inquiries. In the same way, opening hours and schedules were also described as unfavorable to patients, which affects timely access to TB services.

TB-related Stigma and Discrimination

There were 24 cases of stigma and discrimination reported through CallKaLungs. Among the callers who shared experiences of TB-related stigma, the majority considered internalized stigma as they expressed negative attitudes toward themselves due to their condition. One caller shared that he avoided going to the health facilities nearby out of fear that his TB status may become known to his community and harm his business. According to the CallKaLungs Responder:

...nirerefer ko sya sa PMDT sa Montalban. Kaya lang ayaw na magpacheck up dun kasi may kakilala sila na nagtatrabaho sa RHU. Baka daw kapag nalaman na may TB sya hindi na magpuntahan ang customer sa resort nila." [...I was referring him to a PMDT in Montalban. However, he didn't want to go there because he knew someone who is working at the RHU. He was afraid that customers would not go to his resort anymore if people found out that he had TB.]

There were also reported cases of stigma and discrimination in various settings: within the home, in the workplace, in employment agencies, and in health facilities. There were also reports of disqualification from overseas employment due to a history of TB disease. Even those who were just presumed to have TB were discriminated in their workplace.

"Concern ni client, hindi daw siya na-renew sa kanyang trabaho dahil meron daw findings ang kanyang Xray at hindi sya nabigyan ng Health Card." [The client's concern is that they won't be renewed at their job because they could not get a health card due to their x-ray findings.]

Some healthcare service providers themselves were reported through CallKaLungs for acts of discrimination against TB patients. There was a report from patients who felt they were treated without compassion. One caller shared that a healthcare provider said,

"Dapat online consultation ka lang dahil may ubo saka may TB ka pa. Dapat social distancing. Huwag kang lumapit, [d'yan] ka lang" [You should have just had an online consultation because you have cough and you also have TB. You should practice social distancing. Don't get close, stay there.]



Having TB can cause financial problems for families, not only due to the costs of TB-related services but also because people with TB tend to lose their jobs when they are diagnosed. One caller shared his experience that he was evicted from his home because he was unable to work while undergoing TB treatment.



CallKaLungs addresses TB-related stigma by providing clients with basic counseling through trained responders to help clients navigate the challenges, continue to seek services, and complete their treatment. Responders also assess the urgency of cases and, if needed, refer the clients to appropriate service providers. For reports of discriminatory acts, CallKaLungs responders refer clients to ACHIEVE for free legal services.

Other Types of Concern

Calls and reports under this category refer to concerns and inquiries about other needs that are not directly related to TB. The CallKaLungs received a total of 121 calls that fall into this category. Out of 121, 84% (91) of the calls were about other health issues such as pulmonary fibrosis, pneumonia, asthma, diabetes, hypertension, tumors, and allergies.

The callers asked where and how they access medicines like insulin and health supplements. Others called to seek guidance in finding medical check-ups and treatment services.

Eleven percent of the calls were from clients inquiring about financial aid for ancillary medicines and transportation expenses. There was also a case of an incarcerated person without family support who required medical assistance. Another involved a nine-month-old orphan in need of baby formula and diapers.

There were seven calls from clients who experienced mental health issues, including anxiety and depression. They were referred referrals to ACHIEVE's licensed psychologists for support.

Concerns Raised by People Living with HIV



Nineteen persons living with HIV (PLHIV) called CallKaLungs to raise various concerns. Fourteen out of 19 calls were requests for assistance in accessing their antiretroviral (ARV) medicines, maintenance medications, and HIV test results. One PLHIV called the Hotline on July 9, 2023, to inquire whether or not taking expired ARV drugs was the reason for his elevated viral load. He shared with CallKaLungs that his ARV expired in May 2023, but he continued to take them. He further narrated that the facility staff told him that the increase in his viral load was due to stress and other factors and not due to the taking of expired ARV, which usually has a grace period of three to six months from the expiration date and is still considered effective and potent. After this interaction, this patient has not followed up since their primary concern is accessing mental health support.

There were also cases reported about possible violations of the Republic Act 11166: The Philippine HIV and AIDS Policy Act (2018), in particular the provisions on the disclosure of their HIV status in the community and the healthcare settings without their consent. For these types of concerns, CallKaLungs responders can refer clients to service providers. They were referred to ACHIEVE for legal services, should they wish to pursue legal redress for violations committed against them under the AIDS Law.

Healthcare Providers as Clients of CallKaLungs



Although CallKaLungs was meant primarily for the use of the TB-affected communities, it has also received 59 calls from 29 health service providers. These callers are mostly nurses from local health centers. They called the CallKaLungs to ask questions or seek guidance on the following:

1. Conduct of drug rechallenges for patients with adverse reactions to TB medication,
2. Selection of diagnostic tests for presumptive TB patients,
3. Guidelines for TB preventive treatment,
4. Sputum test follow-up schedules, and
5. Correct treatment management.

There were also calls from local jail nurses under the Bureau of Jail Management and Penology who asked for assistance in accessing TB treatment for persons deprived of liberty (PDL). In these cases, the responders made referrals to a trained physician to address the medical management of PDLs.

Additionally, CallKaLungs also received calls from public healthcare providers reporting issues they encountered when managing patients who came from private healthcare facilities. These reports involved the non-compliance of the private healthcare facilities with protocols on proper TB diagnostics and treatment procedures.

This shows that health service providers, whether at the local health centers or in other settings where TB services are being delivered such as detention facilities or prisons, need capacity-building and regular updating of current protocols and emerging guidelines related to the delivery of TB programs. This also requires closer coordination between CallKaLungs and the Department of Health and the local health departments to address the needs of healthcare providers so they can better deliver services to the community.

Utilization of Data Collected through CallKaLungs

When the CallKaLungs was rolled out, it was observed that the hotline responders performed dual roles: 1) collecting and recording community feedback on service accessibility, availability, acceptability and quality, and experiences of TB-related stigma and discrimination, and 2) responding to the needs raised by the callers by providing accurate information or referring them to appropriate service providers.

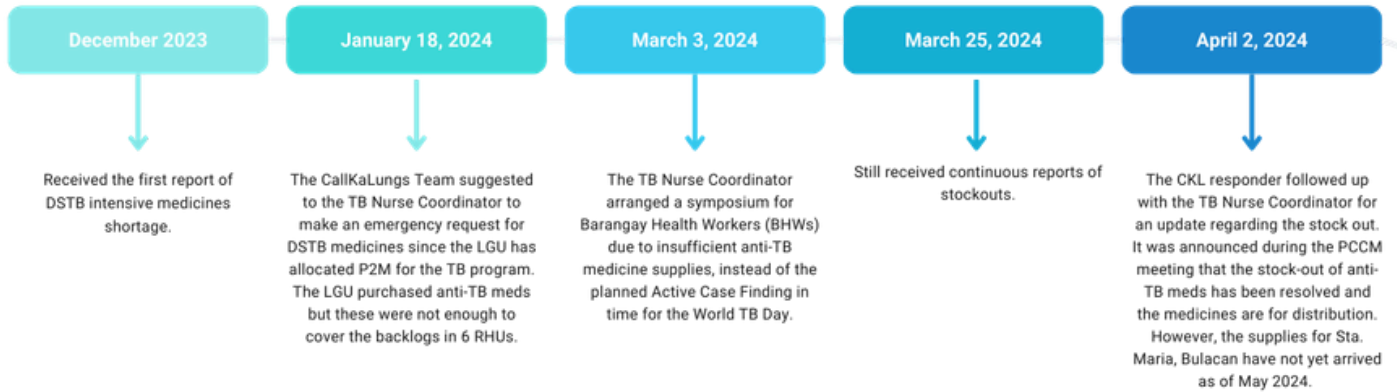
To demonstrate, the hotline responders in three regions, namely Central Luzon, CALABARZON, and Western Visayas, tracked the issue of the TB medicine stockout over time until they were resolved.

In Region 3, specifically, in the local government unit of Santa Maria, six RHUs were affected by stockouts of TB medicines. The following timeline of events was reported by the hotline responders from the region:



TB Medicines Shortage Report in Central Luzon

In Region 3, specifically, in the local government unit of Santa Maria, six RHUs were affected by stockouts of TB medicines. The following timeline of events was reported by the hotline responders from the region:



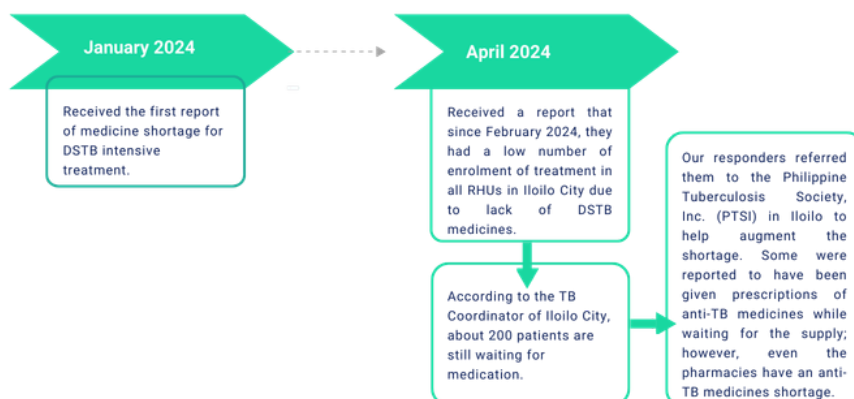
TB Medicines Shortage Report in CALABARZON

TB medicine stockouts have also been reported in CALABARZON, specifically in the five RHUs of Cavite City. The hotline responders reported the following series of events:



TB Medicines Shortage Report in Western Visayas

In the Western Visayas, there were some RHUs in Iloilo that reported a shortage of medicine for drug-susceptible TB. The following series of events was reported by the hotline responders from this region:



Calls Related to Psychosocial Issues

People who are diagnosed with TB, those who are undergoing treatment, and those who experience TB-related stigma and discrimination experience various levels or intensities of mental health stress.

A client of CallKaLungs reported that he asked for a referral to psychosocial services, but the healthcare provider he asked just laughed at him. Another client expressed concern over the daily alcohol consumption of her spouse because she feared that this affected his treatment adherence, especially given that he is undergoing the TB treatment for the third time. These are examples of the mental health-related concerns that are raised through the CallKaLungs. They indicate the need to integrate mental health services in the TB program and the delivery of TB services.

To ensure that clients are properly assisted, hotline responders were trained by a licensed psychologist on building their skills in identifying the mental health needs of the communities who use CallKaLungs. They were trained in recognizing the signs and symptoms of distress, anxiety, and depression caused by tuberculosis. The responders offer this service to the callers, and if anyone needs it, they would be able to request an appointment with ACHIEVE's licensed psychologist. Depending on their needs, the clients may also be referred to government agencies or organizations that offer psychosocial interventions.



Legal Redress

In designing the CallKaLungs TB Community Hotline, it was anticipated that there would be reports of TB-related stigma and discrimination and other human rights violations. As such, part of the capacity-building program for the hotline responders includes training on gender and human rights, as well as skills-building in human rights documentation. This enabled the responders to identify human rights violations from the reports coursed through the hotline. This way, the responders could offer clients legal redress services.

The provision of legal redress services is also linked to the CallKaLungs in the same way that psychosocial services are. **The responders could refer clients to ACHIEVE if they need legal assistance to address their experiences of stigma and discrimination, and other violations.**

For this reporting period, two clients reported incidents of discrimination. The first client was pulled out of her job after the Human Resources (HR) staff received the results of her chest x-ray, which was suggestive of TB. She was on the fourth day of work when the results were released. She was immediately told not to report to work until after six months of treatment. The client's TB status is yet to be confirmed and diagnosed, as CXR is only a screening tool for TB.



The responder offered a legal consultation, and a schedule has been set with ACHIEVE's lawyer, but she decided not to pursue it. While the client chose not to pursue it, CallKaLungs still provided the client with psychological counseling. She also received health education on TB, along with guidance on the appropriate steps to take moving forward.

The second client was a call center agent who disclosed that he was taking TB preventive medication while waiting for his final TB test result. The company's clinic nurse asked him to inform his workmates about his TB situation, but the client refused. The nurse decided to disclose the client's TB situation to his workmates. ACHIEVE is currently handling this case under its legal redress mechanism. ACHIEVE has already informed the HR Office of the company about the complaint.

Recommendations

CallKaLungs collects community feedback for the main purpose of improving TB policies, programs and services through multi-stakeholder advocacy and collaboration. The data presented in this brief provides stakeholders a glimpse into the challenges faced by TB-affected communities when accessing services. PASTB and ACHIEVE is keen on working with decision-makers at the local and national level to address these concerns and challenges, and recommend the following:



Intensify awareness raising, education and capacity building about TB and TB services

- ✓ The Department of Health should enhance its health promotion programs for TB and ensure that TB-related information reach the right audience by utilizing all forms of media. All health promotion materials for TB should include messages to reduce TB-related stigma and discrimination;



The Department of Health, in coordination with Local Government Units, should intensify dissemination of the TB Manual of Procedures developed by the National TB Control Program, ensure its compliance, and regularly upgrade the capacity of healthcare providers on emerging policies and procedures, and innovative TB screening, testing and treatment technologies. Health service providers should also be sensitized on the realities faced by TB patients to enhance their attitudes.



The Department of Education should develop policies and programs to include basic TB education in the school curriculum of primary and secondary levels and CHED should do the same for colleges and universities.



The Department of Labor should ensure compliance of private companies in Occupational Safety and Health policies, particularly, in setting up TB programs in the workplace.



Secure supplies of TB medicines, TB diagnostics supplies and equipment



The Department of Health should streamline the national procurement and supply-chain management to improve efficiency and sustainability of TB medicines, screening, testing supplies and equipment;



Local Government Units should allocate resources for procurement of their own TB medicines, and diagnostics supplies to augment stocks from the national government or bridge the gaps in supplies.



Fully finance the national TB response

- ✓ The Department of Health, in consultation with other relevant government agencies, civil society organizations and affected communities, should develop an evidence-based investment plan for the national TB strategy and a corresponding resource mobilization plan to ensure that the national TB program is fully resourced.
- ✓ The PhilHealth needs to enhance coverage for TB to include drug resistant TB medication, management and treatment of adverse drug reactions.



Amend the Comprehensive TB Elimination Act of 2016

Recommendations

- ✓ The Department of Social Welfare and Development needs to enhance financial support programs for TB patients, especially those undergoing treatment for TB and cannot sustain their jobs or sources of livelihood.
- ✓ The Local Government Units should invest in their own TB programs by developing their own TB policies and plans to support the mobilization of the local government budget allocation for the local TB response.
- ✓ The Department of Health and Local Government Units need to develop a plan and allocate adequate resources to enhance availability and capability of health care providers to effectively deliver TB programs and services.
- ✓ The TB Law should be amended to make it more responsive in addressing the current TB situation, particularly the Philippine being among the top countries with the highest burden of drug susceptible and drug-resistant TB in the world.
- ✓ The TB Law should include provisions that 1) protect TB-affected communities from stigma and discrimination and other human rights violations; and 2) ensure meaningful engagement of communities and civil society in the development, implementation, monitoring and evaluation of TB policies, programs and policies.

OUR HOTLINE NUMBERS:

CALABARZON

09452680585
09452680610
09193302218

CENTRAL LUZON

09452680584
09193302200
09193302205

WESTERN VISAYAS

09452680601
09193302197
09452680582

NATIONAL CAPITAL REGION

09279398036
09193302209
09353529185

DAVAO REGION

09193302202

NORTHERN MINDANAO

09353529192



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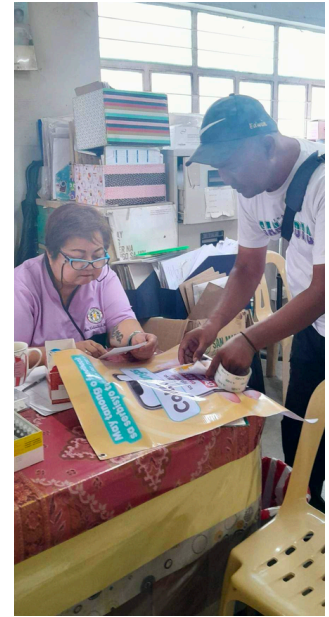


CallKaLungs

TB COMMUNITY HOTLINE

IN ACTION

The members of Philippine Alliance to Stop TB (PASTB) underwent a series of essential training and capacity-building activities to become effective responders for the CallKaLungs Hotline. Prior to its launch, they coordinated with key government agencies, particularly the Department of Health (DOH) and its regional offices, and the Centers for Health Development (CHD). To promote the hotline, they also conducted outreach activities in high-traffic areas within their communities.





The Philippine Alliance to Stop TB (PASTB) is an advocacy network composed of 36 civil society organizations across the Philippines. The network was borne out of the need to have a truly people-centered TB Response in the country.



MEMBERS

1. ACES TB
2. Action for Health Initiatives, Inc. (ACHIEVE)
3. Amoma CARAGA
4. Association of Positive Women’s Advocate, Inc. (APWAI)
5. AYAT Advocacy
6. AYOS Baga CDO
7. Breathe Free PH Community Advocates Against TB (BFPH)
8. Cavite Positive Action Group, the JCH Advocacy Inc. (CPAG)
9. ChilLungs TB Support Community, Inc.
10. Dawaw Mindanao Advocates Association, Inc. (Dawaw MAAI) -Tagum
11. Families Choice for Health and Development
12. Family Planning Organization of the Philippines-Iloilo
13. Innovations for Community Health, Inc. (InnovationsCH)
14. IDUCare
15. Kadapig-Surigao
16. Kagay-an PLUS - Preserving Life, Uniting Society, Inc. (KPLUS)
17. Kahigala Empowered Youth
18. Kababaihan sa Pagbangon at Pagbabago (KPP)
19. Lacas-Yakap Foundation (LYF)
20. MARADECA, Inc.
21. Marahay Bicol, Inc.
22. Montalban Laban Lungs
23. Mujer LGBTQ+
24. Pink Salmon PLUS
25. PMDT Warriors Bukidnon
26. Positibong Marino Philippines, Inc.
27. Positibong Pasigueño, Inc.
28. Pulmon Zamboanga City (PulmonZC)
29. TAHAS, Inc.
30. Tandikan Puerto Princesa Inc. (Tandikan)
31. TBai Dabaw
32. TB Health Education & Livelihood Support (TB H.E.A.L.S) Community, Inc.
33. TB League of Volunteers, Inc.
34. The Cagayan Valley Support Group
35. Transpinay Plus
36. Voice for Sexual Rights (VSR)

Message from the Community



Leo Rey Tejares

President of PASTB
(for the term 2024 to 2026)

The Philippine Alliance to Stop TB (PASTB), which now has grown to 36 members composed of community-led organizations (CLOs), national, and local non-government organizations across 16 regions in the Philippines, is proud to present our second TB Community Report titled “Voices from the Ground: TB Situation Report By People Affected by the Disease”.

The report is an analysis of the calls/cases from CallKaLungs TB Hotline, the second community-led monitoring (CLM) platform in the country, spearheaded by the PASTB network and managed by its Secretariat, Action for Health Initiatives, Inc. (ACHIEVE).

To our fellow members of key affected populations, PASTB offers you this second community report with the hope that you and your organizations, families, and geographic communities will start and/or continue to provide feedback, not to denigrate the TB program but to help TB programmers, planners, implementers, and grassroots service providers recognize/acknowledge the gaps and co-create solutions with them, be it at the national, regional, and local levels of program implementation.

To the TB program planners and implementers, we present to you this report for our mutual benefit – for you to utilize our findings and recommendations to address the gaps in AAAQ standards of TB services by way of policy, systems, or procedural modifications. We, TB-affected communities, offer you our sincerity to help you improve the way of doing things with the ultimate goal being Health for All.

ENDNOTES

¹ APCASO. Lead, Educate, Advocate, Partner (LEAP) for Community-Led Monitoring in TB: A Playbook, (2024).

Retrieved from: https://apcaso.org/wp-content/uploads/2024/04/TB_CLMBook_2024_0425.pdf

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

⁶ Department of Health. NTP Manual of Procedures 6th Edition – National TB Control Program. (2021).

<https://ntp.doh.gov.ph/download/ntp-mop-6th-edition/>



Action for Health Initiatives, Inc. is a non-government organization engaged in the development and implementation of evidence-based programs addressing HIV, tuberculosis, gender, and health issues. ACHIEVE is the secretariat of PASTB.

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