

“POLITICAL COMMITMENT TO NATIONAL TB PROGRAM: A CASE OF THE PHILIPPINES”

Hon. Angelina “Helen” D.L. Tan, M.D

Chairperson, Committee on Health, House of Representatives - Philippines

Executive Committee Member, Global TB Caucus

Co-Chairperson, Asia Pacific TB Caucus

6th Conference of International Union Against Tuberculosis and Lung Disease, Asia Pacific Region, The Union, APRC 2017

22 - 25th March, 2017, Tokyo International Forum, Yurakucho, Tokyo

GREETINGS...

THANK YOU FOR INVITING ME HERE TO SPEAK ON THE TOPIC, “POLITICAL COMMITMENT TO NATIONAL TB PROGRAM: A CASE OF THE PHILIPPINES”. I AM DEEPLY HONORED AND EXTREMELY PRIVILEGED TO PARTICIPATE IN THIS SYMPOSIUM AND SHARE MY IDEAS AND EXPERIENCE BEFORE AN AUDIENCE OF MY FELLOW ADVOCATES IN THE FIGHT TO END TB.

MY TALK WILL REVOLVE AROUND THE CONCEPTUALIZATION OF THE ANTI-TB LAW IN THE PHILIPPINES, PROCESS AS WELL AS CHALLENGES IN THE CRAFTING OF THE LEGISLATION. I WILL ALSO TOUCH ON THE IMPORTANT ASPECTS THAT I REALIZED THROUGH MY LEGISLATIVE ACTIVITIES, AND FINALLY, ABOUT OUR PLANS FOR THE NEXT MONTHS AND YEARS OF OUR CONTINUING QUEST TO END THE TB EPIDEMIC.

WHY TB?

AS A LAWMAKER AND MEDICAL PRACTITIONER I AM OFTEN ASKED, “WHY TB?” MY ANSWER IS SIMPLE: TUBERCULOSIS IS A DISEASE OF POVERTY, AND THE DEVELOPMENT OR DECAY OF OUR SOCIETY WILL BE MIRRORED BY THE VERY ACTION THAT WE PUT TO STOP THIS ANCIENT DISEASE. IF I MAY QUOTE JOHN B. HUBER, AN AMERICAN PUBLIC HEALTH PHYSICIAN, “THE TUBERCLE BACILLUS IS AN INDEX BY INVERSION OF THE REAL PROGRESS OF THE HUMAN RACE.

BY IT THE CLAIM OF CIVILIZATION TO DOMINATE HUMAN LIFE MAY FAIRLY BE JUDGED. TUBERCULOSIS WILL DECREASE WITH THE SUBSTANTIAL ADVANCE OF CIVILIZATION, AND THE DISEASE WILL AS SURELY INCREASE AS CIVILIZATION RETROGRADES.” WHETHER OR NOT OUR PRESENT CIVILIZATION WILL EVENTUALLY MAKE PROGRESS OR RETROGRESS WILL BE SEEN, IN PART, IN OUR COLLECTIVE EFFORT TODAY TO STOP TB.

CONCEPTUALIZING THE TB BILL?

AS A MEDICAL PRACTITIONER PRIOR TO MY FORAY INTO POLITICS, I HAVE HEARD AND PERSONALLY WITNESSED, TIME AND AGAIN, HOW SO MANY OF MY COUNTRYMEN, SO MANY OF THEM ARE POOR, SUFFER FROM TB DISEASE. IT IS, AS IF, HAVING TUBERCULOSIS IS ONLY A NATURAL OCCURRENCE FOR MANY OF MY COUNTRYMEN SIMPLY BECAUSE THEY ARE FILIPINOS. IN FACT, YOU WILL EVEN HEAR FILIPINO DOCTORS TELLING THEIR PATIENTS THAT IT IS ONLY NATURAL FOR FILIPINOS TO BE INFECTED WITH TB. THIS SAD REALIZATION WAS EVEN COMPOUNDED WHEN I HEARD DR. L. MASAE KAWAMURA, FORMER PRESIDENT OF THE NORTH AMERICAN REGION OF THE INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, TELLING THE MEDIA TO MY

EXTREME EMBARRASSMENT, THAT A LARGE PROPORTION OF TUBERCULOSIS PATIENTS IN THE U.S. ARE ASIANS, MOST OF THEM FILIPINOS. SHE FURTHER EXPLAINED THAT TB IS AN “OUTCOME OF POOR PUBLIC HEALTH” IN THE COUNTRY.

AS A MEDICAL DOCTOR AND MEMBER OF PARLIAMENT, I TOLD MYSELF THAT IN THE FACE OF THIS SAD REALITY, I CANNOT JUST SIT DOWN AND BURY MY HEAD IN THE SAND. I HAVE TO DO SOMETHING ABOUT THIS IN MY OWN LITTLE WAY SO I DECIDED TO STICK MY NECK OUT FOR A CAUSE THAT IS MUCH LARGER THAN MYSELF. HENCE, THE BIRTH OF THE ANTI-TB BILL.

TB IN THE PHILIPPINES AND THE COMPREHENSIVE TUBERCULOSIS ELIMINATION PLAN ACT

SEVERAL LEGISLATIONS HAVE BEEN FILED IN THE PHILIPPINE CONGRESS SINCE THE EARLY PART OF 2000 TO ADDRESS THE PROBLEM OF TUBERCULOSIS IN THE COUNTRY. HOWEVER, THEY WERE PIECEMEAL LEGISLATIONS AND EVENTUALLY WERE NOT APPROVED INTO LAW. IT WAS MY BELIEF THAT A MORE COMPREHENSIVE STRATEGY IS NEEDED TO STRENGTHEN THE FIGHT AGAINST TUBERCULOSIS. HENCE, I HAVE INTRODUCED A BILL TO EFFICIENTLY IMPLEMENT THE NECESSARY CONTROLS TO ARREST THE SPREAD OF TB DISEASE.

I AM VERY PLEASED TO INFORM YOU THAT LESS THAN THREE YEARS AFTER THE FILING OF THIS MEASURE, IT IS NOW A LANDMARK PIECE OF LEGISLATION KNOWN AS REPUBLIC ACT 10767 OR THE “COMPREHENSIVE TUBERCULOSIS ELIMINATION PLAN ACT” WHICH WAS SIGNED INTO LAW ON APRIL LAST YEAR. THE GLOBAL TB CAUCUS HAS ALREADY RECOGNIZED IT AS ONE OF THE MOST COMPREHENSIVE GLOBAL LAWS ON TUBERCULOSIS TODAY. THE UNANIMOUS SUPPORT FROM MEMBERS OF CONGRESS, PRACTICALLY NO OPPOSITION WHATSOEVER, AND THE SPEED BY WHICH THIS LAW WAS PASSED, MERELY SHOWS THE STRONG COMMITMENT ON THE PART OF OUR LEGISLATORS.

GENERALLY, THE GESTATION PERIOD FOR THE CRAFTING OF LAWS IN THE PHILIPPINES IS USUALLY 4 TO 6 YEARS AND AT TIMES EVEN MORE THAN A DECADE OR SO. SO TO HAVE A BILL PASSED WITHIN A THREE-YEAR TERM IS QUITE AN ACCOMPLISHMENT, ESPECIALLY BECAUSE THE BILL HAS TO GO THROUGH A BICAMERAL CONGRESS, THE SENATE AND THE HOUSE OF REPRESENTATIVES WHERE A BILL HAS TO GO BACK TO SQUARE ONE ONCE IT REACHES THE OTHER CHAMBER. THE CHALLENGE THEREFORE, IT TURNS OUT, IS NOT IN THE CRAFTING BUT IN THE IMPLEMENTATION OF THE ANTI-TB LAW AS I WILL TRY TO ELABORATE IN THE LATTER PART OF MY TALK.

AS I HAVE POINTED OUT EARLIER, THE ANTI-TB LEGISLATION WAS ENACTED INTO LAW IN APRIL 2016. UNTIL NOW, HOWEVER, ALMOST A YEAR SINCE IT WAS PASSED INTO LAW, WE ARE STILL AWAITING THE IMPLEMENTING RULES AND REGULATIONS OR IRR THAT WILL FACILITATE THE ENFORCEMENT OF THE PROVISIONS OF THIS LEGISLATION AS IT IS STILL GOING THROUGH A MAZE OF BUREAUCRACY. HOPEFULLY THOUGH, THE IRR WILL BE OUT BEFORE THE 2ND QUARTER OF THE YEAR IS OVER.

BUT EVEN BEFORE ITS ENACTMENT INTO LAW, THE MEASURE WAS ALREADY PRESENTED DURING THE ASIA PACIFIC FORUM OF THE GLOBAL TB CAUCUS IN 2015 IN SYDNEY, AUSTRALIA AS WELL AS IN THE GLOBAL TB SUMMIT ALSO IN 2015 IN CAPE TOWN, SOUTH AFRICA TO BE REPLICATED AS A MODEL PIECE OF LEGISLATION TO FIGHT TUBERCULOSIS IN OTHER COUNTRIES.

AT THIS POINT, ALLOW ME TO SHARE WITH YOU VERY BRIEFLY A FEW HIGHLIGHTS OF OUR COUNTRY'S SUCCESSES AGAINST TB DISEASE. ACCORDING TO THE 2015 GLOBAL TUBERCULOSIS REPORT, THE PHILIPPINES IS ONE OF THE NINE (9) HIGH TB BURDEN COUNTRIES THAT HAVE ATTAINED THE MILLENNIUM DEVELOPMENT GOALS OF DECREASING THE TREND OF TB INCIDENCE RATE AND DECREASING BY HALF THE MORTALITY RATE AND PREVALENCE RATE. THIS NOTWITHSTANDING, IT REMAINS AS ONE OF THE TOP 30 HIGH TB BURDEN COUNTRIES LISTED BY THE WORLD HEALTH ORGANIZATION.

BUT AS OF THE LATEST REVIEW, CASE NOTIFICATION IS INCREASING, WHICH IS GOOD BECAUSE AT LEAST WE CAN PROVIDE CURE TO TB PATIENTS. WE ARE NOW USING NEW DRUGS AND NEW REGIMEN SUCH AS BEDAQUILINE AND THE INTRODUCTION OF NINE (9) MONTH TREATMENT REGIMEN FOR DRUG RESISTANT TB CASES. SIGNIFICANTLY, A TB LAW, ALREADY CONSIDERED AS FLAGSHIP LEGISLATION AGAINST TB IN THE ASIA PACIFIC REGION, IS NOW IN PLACE.

THIS LAW SEEKS TO ADDRESS THE PERSISTENT PROBLEMS BESETTING THE CURRENT EFFORTS TO ERADICATE TUBERCULOSIS IN THE PHILIPPINES. THE ENACTMENT OF THE "COMPREHENSIVE TUBERCULOSIS ELIMINATION PLAN ACT RIDES ON THE WAVE OF THE NEW GLOBAL STRATEGY THAT ENVISIONS "A WORLD FREE OF TB" AND EXPRESSED AS "ZERO DEATHS, DISEASE AND SUFFERING DUE TO TB". THE LAW SQUARELY ADDRESSES THIS VISION THROUGH BOLDER POLICIES AND BY HARNESSING SUPPORTIVE SYSTEMS TO STOP TB.

IT CONSISTS OF THE COUNTRY'S TARGETS AND STRATEGIES IN ADDRESSING THE DISEASE; PREVENTION, DIAGNOSIS, TREATMENT, CARE AND SUPPORT, AND OTHER COMPONENTS OF THE COUNTRY'S RESPONSE; DEVELOPMENT AND APPLICATION OF APPROPRIATE TECHNOLOGIES TO DIAGNOSE AND TREAT THE DISEASE; STRENGTHENING OF LINKAGES WITH LOCAL AND INTERNATIONAL ORGANIZATIONS FOR POSSIBLE PARTNERSHIP IN EDUCATION, ADVOCACY, RESEARCH AND FUNDING ASSISTANCE; ESTABLISHMENT OF A REVIEW AND MONITORING SYSTEM TO GATHER DATA AND MONITOR THE PROGRESS MADE IN THE ELIMINATION OF TUBERCULOSIS; AND IMMEDIATE MOBILIZATION OF ANTI-TB SERVICES DURING AND AFTER NATURAL AND MAN-MADE DISASTERS THROUGH COLLABORATIVE EFFORTS OF NATIONAL AND LOCAL GOVERNMENTS AND OTHER ENTITIES.

IT ESCALATES THE FIGHT AGAINST TB DISEASE WITH THE USE OF BOLDER TERMS SUCH AS "COMPREHENSIVE" AND THE USE OF THE TERM "ELIMINATE" INSTEAD OF "CONTROL" CONSISTENT WITH THE NEW GLOBAL STRATEGY THAT ENVISIONS "A WORLD FREE OF TB" AND EXPRESSED AS "ZERO DEATHS, DISEASE AND SUFFERING DUE TO TB" AS EARLIER STATED. IT EVIDENTLY REFLECTS THE NEEDED CHANGE IN ATTITUDE AND ACTION FROM "CONTROLLING" TB TO "ENDING" TB AND "SAVING LIVES ALONE" TO "STOPPING TRANSMISSION AS WELL".

THE LAW PROVIDES FOR THE CONDUCT OF RESEARCHES, DEMONSTRATION PROJECTS, EDUCATION AND TRAINING. THE CHALLENGE HERE IS TO DEVELOP AND DEPLOY NEW TOOLS LIKE VACCINES, RAPID DIAGNOSTIC TESTS AND DRUG REGIMENS OR WE CANNOT SUCCEED IN ENDING TB. WE NEED TO IMMEDIATELY INVEST IN R&D WHERE THERE IS A HUGE GAP IN FINANCING.

ESSENTIALLY, THE INTENT OF CRAFTING THIS LEGISLATION IS TO FORMALIZE EXISTING POLICIES AND PROGRAMS INTO A COHESIVE PIECE OF LEGISLATION WITH THE VIEW OF APPROPRIATING ADEQUATE FUNDS TO THIS MASSIVE EFFORT.

CHALLENGES AND POLITICAL COMMITMENT IN TB ELIMINATION

AGAINST THIS BACKDROP, ONE OF THE CHALLENGES, THE CRITICAL PART I BELIEVE, IN THE IMPLEMENTATION OF THE ANTI-TB LAW IS TO SECURE ADEQUATE AND SUSTAINABLE FUNDING IN THE FACE OF CONTINUOUS UNMET FUNDING NEEDS AGAINST TB DISEASE. SINCE THE LAW WAS JUST RECENTLY BEEN ENACTED AND ITS IMPLEMENTING RULES AND REGULATIONS IS STILL IN THE DRAFTING PROCESS, THE FULL BUDGETARY EFFECT OF THE LAW WILL ONLY BE REFLECTED IN 2019 WHERE WE EXPECT A SIGNIFICANT INCREASE IN ANTI-TB BUDGET APPROPRIATIONS. CURRENTLY, THE PROPOSED BUDGET FOR TB CONTROL IS PHP1.3B OR MORE THAN \$27M.

IT BEARS STRESSING HOWEVER THAT NO MATTER HOW SOUND A LEGISLATION MAY BE, IT IS ONLY AS GOOD AS THE PEOPLE WHO WILL GIVE FLESH TO ITS EXISTENCE. THERE HAS TO BE A DRIVING FORCE TO MATERIALIZE THE SPECIFIC AND VARYING PROVISIONS OF AN ANTI-TB LEGISLATION. THAT FORCE IS POLITICAL COMMITMENT.

POLITICAL COMMITMENT IS NECESSARY TO DEVELOP AND SUSTAIN AN EFFECTIVE RESPONSE TO ULTIMATELY END TB. HENCE, IN ENSURING TB CONTROL POLICY, IT IS ESSENTIAL THAT WE LOOK NOT JUST IN THE BOLDNESS AND RELEVANCE OF THE PROVISIONS OF AN ANTI-TB LEGISLATION BUT MORE IMPORTANTLY, IN THE EXPLICIT, QUANTIFIABLE, AND VERIFIABLE COMMITMENT OF OUR POLITICAL LEADERS. POLITICAL COMMITMENT AGAINST TB CAN BE MADE MANIFEST IN BOTH THE PRONOUNCEMENTS AND ACTIONS OF THE POWERS THAT BE SUCH THAT CONCRETE RESULTS ARE MADE AND NOT MERELY LIP SERVICE.

FOR THOSE FEW COUNTRIES WHICH ARE FORTUNATE TO HAVE AN EXISTING LEGISLATION ON TB, POLITICAL COMMITMENT MUST BE SUSTAINED BY CONTINUOUSLY AND REGULARLY UPDATING OR REVISITING EXISTING POLICIES IN LIGHT OF EMERGING DEVELOPMENTS IN KNOWLEDGE AND BEST-PRACTICES, ESPECIALLY IN THE FACE OF EXPLOSION OF TB CASES DUE TO ALARMING HIV EPIDEMIC, WHICH ACCELERATE THE ONSET OF ACUTE MDR-TB AND EMERGENCE OF DISEASES LIKE DIABETES, WHICH FURTHER COMPOUND THE ALREADY UNFORTUNATE SITUATION.

POLITICAL COMMITMENT IS INDISPENSABLE IN ENSURING THAT ANNUAL NATIONAL ANTI-TB PROGRAMS ARE CONTINUOUSLY AND ADEQUATELY FUNDED. WE NEED TO BE ABLE TO HELP BRIDGE THE GAPS IN FUNDING ANTI-TB ACTIVITIES SPECIFICALLY IN TERMS OF FUNDING PRIORITY AREAS SUCH AS EXPANDED DIAGNOSIS AND EFFECTIVE TREATMENT FOR DRUG-SUSCEPTIBLE TB, MDR-TB TREATMENT, RAPID DIAGNOSTICS AND ASSOCIATED LABORATORY STRENGTHENING, TB-HIV COLLABORATIVE ACTIVITIES, AND RESEARCH AND DEVELOPMENT. IT IS IMPORTANT THEREFORE THAT MEMBERS OF PARLIAMENTS MUST USE THE FULL STRENGTH OF OVERSIGHT AND ACCOUNTABILITY TOOLS AT THEIR DISPOSAL.

THE ISSUE OF FUNDING JUXTAPOSED TO THE OBJECTIVE TO SCALE UP AND SUSTAIN COVERAGE OF DIRECTLY OBSERVED TREATMENT SHORT COURSE OR TB DOTS IMPLEMENTATION AND TO ENSURE PROVISION OF QUALITY TB SERVICES ALREADY CREATES A SUBSTANTIAL FINANCIAL BURDEN. IT IS ALSO IMPERATIVE THAT PROPER, ADEQUATE, AND SUSTAINABLE BUDGET MUST BE IMMEDIATELY INVESTED IN R&D IF WE ARE REALLY SERIOUS IN OUR FIGHT AGAINST TB.

SIGNIFICANT REALIZATIONS AND FUTURE ANTI-TB ACTIVITIES

I AM CONVINCED THAT IN THE FACE OF HUGE FINANCIAL RESOURCES NEEDED EACH YEAR TO FIGHT TB, THERE IS A NEED TO BRING TOGETHER MEMBERS OF PARLIAMENTS AND EVEN LOCAL LEGISLATORS, BUDGET EXECUTIVES, FINANCE EXPERTS, AND FUNDING ORGANIZATIONS – THE BROAD POOL OF ANTI-TB ADVOCATES - TO EXCHANGE NOTES AND BUILD COLLABORATIVE EFFORTS IN ORDER TO BRIDGE THE FUNDING GAP ESPECIALLY FOR THE TREATMENT OF MDR-TB CASES.

I AM HAPPY TO INFORM YOU THAT AS THE CHAIRPERSON OF THE COMMITTEE ON HEALTH OF THE PHILIPPINE HOUSE OF REPRESENTATIVES AND AS CO-CHAIR OF THE ASIA PACIFIC TB CAUCUS AND EXECUTIVE COMMITTEE MEMBER OF THE GLOBAL TB CAUCUS, I HAVE TAKEN IT UPON MYSELF TO ESTABLISH THE PHILIPPINE TB CAUCUS, WHICH I HAVE SUCCESSFULLY LAUNCHED RIGHT IN THE PHILIPPINE CONGRESS JUST A WEEK BEFORE COMING HERE. THE CAUCUS WILL SERVE AS A STRATEGIC VENUE FOR MEMBERS OF THE PHILIPPINE CONGRESS TO WORK TOGETHER ACROSS POLITICAL AND GEOGRAPHICAL DIVIDES AND PROMOTE BOLDER POLICIES TO STOP TUBERCULOSIS.

I WOULD LIKE TO BELIEVE THAT THE PHILIPPINE TB CAUCUS EMBODIES THE FUTURE OF OUR FIGHT AGAINST TUBERCULOSIS INASMUCH AS THE LOCUS OF OUR FIGHT AGAINST TB RESTS IN THE REALM OF BUDGETARY PROCESS. IT IS ALSO SIGNIFICANT THAT THE PHILIPPINE COALITION AGAINST TUBERCULOSIS, A PUBLIC – PRIVATE MIX MODEL OF INDIVIDUALS AND ORGANIZATIONS COMMITTED TO FIGHTING THE TB DISEASE, NOW SITS AS SECRETARIAT OF THE PHILIPPINE TB CAUCUS AND THUS SERVES AS A CONTINUITY PLATFORM IN TB ELIMINATION AMIDST THE TRANSITORY NATURE OF THE MEMBERSHIP OF THE PHILIPPINE TB CAUCUS.

MOREOVER, WE NEED TO RAISE AWARENESS FOR INCREASED INVESTMENT DEMANDS IN FIGHTING TB AND TO HELP ADDRESS FUNDING PROBLEMS. IT IS ESTIMATED THAT AN INVESTMENT OF ONE US DOLLARS IN TB CARE YIELDS A RETURN OF 30.2 US DOLLARS OR EVEN AS HIGH AS 115 US DOLLARS FOR EACH DOLLAR INVESTED.

I BELIEVE IT WILL DO A LOT IF WE CAN BE A LITTLE MORE ACTIVE IN RAISING TB CONCERNS IN OUR RESPECTIVE BUDGET, APPROPRIATIONS OR FINANCE COMMITTEES AND PUTTING THE ADMINISTRATIVE AGENCIES AND PERSONNEL TO TASK TO MAKE SURE THAT TB FUNDS ARE PROPERLY UTILIZED AND MAXIMIZED. WE MUST ADVOCATE FOR LINES IN THE HEALTH BUDGET TO BE EARMARKED FOR THE PROVISION OF TB ELIMINATION ACTIVITIES. MAINSTREAMING THE FIGHT AGAINST TB IN THE CORRIDORS OF POWER IS A VITAL STEP WE HAVE TO MAKE IF WE WANT TO END TB.

IT IS IMPORTANT TO GENERATE AND SUSTAIN POLITICAL WILL, WHICH IS ESSENTIAL IF WE ARE TO STOP TB. ALLOW ME TO EMPHASIZE THAT GENUINE POLITICAL COMMITMENT AGAINST TB IS MORE THAN JUST THE AFFIRMATIVE VOTES. IT IS MORE THAN JUST ATTENDING TB CONVENTIONS IMPORTANT AS THEY MAY BE. IT IS MORE THAN JUST DECLARING, AS POWERFUL AS IT MAY BE, THAT TB HAS NO PLACE IN THE FUTURE. MORE THAN ANYTHING ELSE, IT IS ABOUT PROVIDING FOR ADEQUATE AND APPROPRIATE RESOURCES FOR TB CARE AND PREVENTION AND IT IS IN THIS PARTICULAR AREA OF CONCERN WHERE WE MUST SHOW UP, UNITE AND FLEX OUR MUSCLES.

IT IS ALSO IMPORTANT THAT WE NURTURE REGIONAL AND INTERNATIONAL COOPERATION. IN TODAY'S GLOBAL VILLAGE, A FLAT WORLD AS OTHERS WOULD WANT TO CALL IT, WE NEED TO RECOGNIZE THAT NO MATTER HOW PROSPEROUS OR POWERFUL OR ADVANCED A COUNTRY MAY BE, IT CANNOT CONTAIN THE SPREAD OF TB ALL BY ITSELF. WE NEED INTER-COUNTRY, REGIONAL, AND INTERNATIONAL COOPERATION AND ASSISTANCE, WHICH IS THE VERY REASON WHY WE ARE ALL HERE TODAY.

IN THE END, WE MUST ALL REALIZE THAT THERE IS NO EASY WAY TO ELIMINATE TUBERCULOSIS IN OUR LIFETIME. BUT IT CAN BE DONE. TOGETHER, WE CAN MAKE A DIFFERENCE IN THE GLOBAL FIGHT AGAINST TB. LET'S DO IT NOW. LET'S JOIN FORCES TO STOP TB.

THANK YOU AND GOOD DAY!