Barriers to early TB diagnosis among the poor in highly urbanized areas in the Philippines

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Overview
One of the Millennium Development Goals (MDGs) is to halve the incidence of tuberculosis (TB) by 2015. As the deadline for the achievement of the MDGs draws closer, the Philippines is still struggling to meet its target of reducing the prevalence of, and deaths associated with, TB. The country is on track in the detection and cure of TB under the Directly Observed Treatment Short Course (DOTS). However, it continues its battle against TB because the decrease in the morbidity and mortality attributed to this disease has been slow. The Philippines ranks ninth on the list of 22 high-burden TB countries in the world. TB continues to be a major cause of deaths and illnesses and imposes a heavy economic burden on the country. The 2007 Philippine National Tuberculosis Prevalence Survey indicates that there are approximately three cases of TB in every 1,000 population. In 2009, 25,000 registered deaths were attributed to TB, ranking it as the fourth-leading cause of mortality in the country (Ulep 2011). Despite various government programs to facilitate the detection and treatment of TB, there is still much to be done to achieve this goal.

This Policy Note discusses the barriers that hinder the early diagnosis of TB among the poor in highly urbanized areas like...
Metro Manila, Davao, and Cebu. The urban poor population has a poorer health status compared to their nonpoor counterparts. They have a higher risk of acquiring both infectious and noncommunicable diseases.

The study employed a qualitative research design. Focus group discussions (FGDs) of TB patients who experienced delay in going to health facilities were conducted. Patients were considered to have delayed diagnosis if they skipped medical care despite the presence of triggering symptoms such as a persistent cough. Their status (whether delayed or not) was determined retrospectively. A participant was considered poor if his/her place of residence belongs to a pre-identified poor community and her household income is below the poverty threshold.

Data from this Policy Note can help develop more specific strategies for effective case detection and early diagnosis of TB among the urban poor population.

**Tuberculosis in the Philippines**

The prevalence of TB in the Philippines has been decreasing over the years. From 1998 to 2007, it decreased from 5.3 to 3.4 per 1,000 (DOH 2014). This decreasing number of recorded morbidity and mortality has also been validated using data from the Department of Health (DOH) and the National Statistics Office (Figures 1 and 2).
The decrease in the overall mortality and morbidity is underpinned by the relatively good cases and success rates. In 2010, the case detection rate (CDR) and the treatment success rates shown in Figures 3 and 4 were 76 percent and 91 percent, respectively, which were above the global targets (WHO various years). CDR is the percentage of estimated new infectious tuberculosis cases detected under the internationally recommended tuberculosis control strategy DOTS. TB treatment success rate is the percentage of new, registered smear-positive (infectious) cases that were cured or in which a full course of treatment was completed (WB 2013).

**TB control and prevention in the Philippines**

The current national program of TB is incorporated in the 2010–2016 Philippine Plan of Action to Control Tuberculosis (PhilPACT), a multisector collaboration. The plan of action outlines activities that would facilitate the reduction of mortality and morbidity by 2015. There are four general activities enshrined in the PhilPACT that the programs and policies of the DOH and its partners should promote: (1) scale up and sustain the implementation of DOTS, (2) reduce out-of-pocket expenditures related to TB diagnosis and treatment, (3) ensure the implementation/provision of quality TB services, and (4) reduce local variations in the performance/implementation of the TB control program (DOH 2013).

In the actual implementation, the TB program in the Philippines is highly decentralized. Overall, the DOH Central Office develops the plans and policies, which are cascaded to the regional offices. The regional offices also monitor...
and supervise the implementation of the program by the local government units (LGUs) through the regional DOH units called Centers for Health Development or CHDs. The LGUs are responsible for the allocation of funds and human resources, and the procurement of commodities necessary for the TB program. However, the procurement of first-line anti-TB drugs is centralized.

The Philippines also adopted the private-public mix (PPMD) DOTS as a national strategy to increase CDR. In 2003, the Philippine Coalition against Tuberculosis, a subrecipient of the Global Fund to Fight AIDS, Tuberculosis and Malaria, started rolling out PPMD clinics. The Philippine Tuberculosis Initiatives for the Private Sector, a project of the United States Agency for International Development, also augmented the PPMD initiative (USAID 2012).

The Philippine Health Insurance Corporation (PhilHealth) also rolled out an outpatient benefits package for TB DOTS. Financing TB DOTS through social insurance enables the system to become more demand driven. Both private and government-run primary care facilities can harness this as an alternative mode of sustainable financing. Over the years, the number of PhilHealth-accredited TB DOTS facilities has been increasing (PhilHealth 2003).

**Barriers to early TB diagnosis among the poor**
The study found many contributory factors that hinder the early detection of TB among the urban poor. These factors are categorized into three: cultural, socioeconomic, and health systems.

*Cultural.* Cultural factors remain an important barrier that forces the poor to forego or delay treatment. The results reveal the following cultural beliefs or behaviors: (1) attribution of the disease to a condition with folkloric origins, (2) resilience of Filipinos in the face of hardship or under conditions that come with low socioeconomic status, and (3) family orientedness. The most striking finding is that cultural factors remain a barrier for the poor to seek health care despite the presence of a persistent cough coupled with other unusual signs and symptoms of TB. As these physical conditions are generally thought to be transient, they perceive the symptoms to be harmless. The results of this study confirm the common Filipino trait, especially evident among those of lower socioeconomic status, to simply endure symptoms and forego health care given the desire to prioritize the needs of other family members.

*Socioeconomic.* Poverty is an important driver of delayed seeking behavior. It pushes many poor households to forego care because of the monetary cost likely to
be incurred in going to a health facility. Alternatively, many poor people self-medicate rather than consult a health-care provider as the first step. Opportunity cost also appears to be a factor in the decision of the majority of the urban poor to forego going to a health-care facility because they cannot afford to be absent from work.

Health systems. Unlike in rural areas, the availability of health facilities is not a major concern among the urban poor. However, in this study, two important ideas were raised with regard to health systems: (1) transportation cost and (2) the accessibility of private health-care providers.

People are aware of the location of health facilities but the lack of money to pay for transportation hinders them from going to one. They also prefer going to private facilities for consultation and treatment due to the perceived low quality of services at government-run health-care facilities.

More specific and effective interventions are needed
The country faces important challenges in TB control, including providing services to those in greatest need, especially the poor and the vulnerable. Winning the battle against TB requires more specific and effective interventions from the government. The following are some recommendations for the government to address these challenges:

• PhilHealth should give monetary incentives to a patient who goes to a health facility for check-up for suspected TB. This is necessary to cover the opportunity and transportation costs. It may also be necessary to give incentives after the completion of treatment.
• The DOH should coordinate with the Department of Labor and Employment in the development of national policies that would give job protection and security to patients who are undergoing diagnosis and treatment.
• The government should create a mechanism to expand private TB-DOTS centers in urban poor areas by strengthening the demand side through PhilHealth.
• The government should provide training on the reading of chest x-rays and on

The government is enjoined to provide more specific and effective intervention to achieve TB control. In particular, training on chest x-rays and sputum microscopy are important in order to improve the quality of their services. (Photo by the World Health Organization/HM. Dias from http://www.who.int/campaigns/tb-day/2013/photos/en/.)
sputum microscopy to staff of government-run TB-DOTS facilities to improve the quality of the service these facilities provide.

- PhilHealth should streamline its payment mechanism and ensure that health providers and diagnosticians are given financial incentives from social insurance reimbursements.
- LGUs must strengthen their health-promotion activities for TB control and prevention. Hiring a private consulting firm may help in their effort to develop a health promotion plan for the populace living in urbanized areas.
- PhilHealth should incorporate an awareness program in the Primary Care Benefit 1 (PCB 1) Package.¹ This program should address the common myths about the signs and symptoms of TB.  

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¹ PhilHealth through Board Resolution No. 1587, Series 2012, amended the implementation of the Outpatient Benefit Package and approved the PCB 1 Package. PCB 1 Package covers primary care services, preventive services, diagnostic examinations, and drugs and medicines for certain diseases.

References


