TB PEOPLE PHILIPPINES

OVERCOMING DISABILITY

INCLUSIVE PERSPECTIVE IN THE PHILIPPINE TUBERCULOSIS RESPONSE

TB in Key & Vulnerable Populations Brief –
Persons with Disabilities

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I. Executive Summary

This brief aims to share reflections and provide suggestions to help the Philippines to incorporate disability-inclusive strategies in the implementation of its TB treatment program as part of its commitment to the Global Plan to end TB by 2030. The Global Plan to End TB sets ambitious targets to curb and ultimately end the spread of the disease worldwide by 2030. The plan includes three people-centered strategies that aim to reach 90% of all people affected by TB globally, 90% of people affected by TB in key populations, and 90% treatment success for all people diagnosed with TB or those who qualify for preventive treatment. To achieve the targets of the Global Plan, it is necessary to ensure that key and vulnerable populations, including people with disabilities gain fair and equitable access to quality TB prevention, diagnosis, and treatment services at the community level and to create opportunities for community-based, multi-sectoral, and participative mechanisms aimed at strengthening the diagnosis, treatment, and prevention of TB including post-treatment care services. However, currently, the intersection of TB and disability remains largely unexplored which significantly affects the progress in achieving the said targets. To help shed light on this overlooked population, this policy brief looks at the intersection of TB and disability and the ways that the Philippines can provide reasonable accommodations for this key and vulnerable population and ensure policies and interventions service to mitigate and overcome human rights and gender-related barriers.

II. Context

The Global Plan to End TB 2023-2030

The Global Plan to End TB 2023-2030 builds on the goals set by the United Nations High-Level Meeting on 26 September 2018. Global leaders set targets to provide TB treatment to 40 million people worldwide by 2030. These include 3.5 million children and 1.5 million people with resistant TB, 115,000 of whom are children. The Global Plan also aims to provide preventive treatment to people most at risk of developing TB which means at least 30 million people globally including 4 million children under five years old, 20 million household contacts of people who have been diagnosed with TB, and 6 million people living with HIV. At the meeting, global leaders recognized the socio-cultural barriers to Tuberculosis prevention, diagnosis, and treatment services for key and vulnerable communities including indigenous populations, women, children, and people with disabilities, as well as to end stigma, remove discriminatory laws and policies and to contribute to equity and social inclusions. The Global Plan provides countries with guidelines to help set national and subnational targets and achieve the said goals by 2030. The strategy includes enacting country-level legislation, policies, and programs that aim to strengthen community-based healthcare systems and ensure fair and equitable access to these services for vulnerable sectors in compliance with international human rights declarations and local legislation[i].

1. Reach at least 90% of all people with tb and place all of them on appropriate therapy—first-line, second-line and preventive therapy as required.
2. Reach at least 90% of the key populations--the most vulnerable, underserved, at-risk populations
3. Achieve at least 90% treatment success for all people diagnosed with tb through affordable treatment services, adherence to complete and correct treatment, and social support.

The Plan refers to people who are vulnerable, underserved or at risk as TB "key and vulnerable populations" and provides models for investment packages that will allow different countries to achieve the 90% targets. In addition, the Global Plan provides guidance for countries to

1. Identify their key and vulnerable populations at national and subnational levels according to estimates of the risks faced, population size, particular barriers to accessing TB care and gender-related challenges;
2. Set an operational target of reaching at least 90% of people in key and vulnerable populations through improved access to services, systematic screening where required and new case-finding methods, and providing all people in need with effective and affordable treatment;
3. Report on progress with respect to TB using data that are disaggregated by key and vulnerable populations;
4. Ensure the active participation of key and vulnerable populations in the delivery of services and the provision of TB care in safe environments.

This brief utilizes the above recommendations to discuss structural, operational, clinical and legal solutions for addressing TB among Persons with Disabilities, promotes the participation of persons with disabilities affected by TB in formulating community-sensitive policies and treatment procedures, and calls on the government to fulfill its commitment to the Global Plan by improving access to treatment delivery infrastructures, information, and technology for people with disabilities in the country.

TB Numbers at a Glance

Globally in 2020, 10 million people developed TB disease resulting in 1.5 million deaths. Among these people, over 40 percent or more than 4 million people experienced barriers to accessing services and remained unidentified or considered "missing people" by national level systems. These people failed to receive diagnosis and treatment and contribute to the spread of the disease worldwide. This is especially true for Southeast Asia which contributes over 43% of undiagnosed active people with TB disease in the world in 2020[ii]. It is not coincidental that the East Asia and the Pacific Region where Southeast Asia is located also has one of the highest number of people with disabilities in the world. It is estimated that one in every six people in the region lives with a disability.[iii] In the disability production cycle, illnesses cause disabling conditions and disabilities bring about conditions that increase the risk of contracting various illnesses thus making it essential to consider the intersection of TB and disability.

The Relationship of TB and Disability

This policy brief looks at three particular intersections of TB and disability:

1. People who acquire visible and invisible disabilities resulting from TB;

2. People who acquire visible and invisible disabilities because of TB treatment; and
3. People with disabilities who are disproportionately affected by TB and the barriers they experience to access services.

In the context of the Philippines, the number of people affected by Tuberculosis has been increasing in the data base of #TBFreePH campaign under the TB Innovations Health Systems Strengthening. However, the system overlooks the relationship of disabilities that result from TB infection and TB treatment. The DOTS program does not go beyond the diagnosis and provision of free treatment up to 12 months. Policies and programs fail to acknowledge the significant need for post-treatment care and support services for people who acquire disabilities that result from TB infection and treatment. Some people who have TB of the bones and of the lymph nodes require wheelchairs and other mobility aids. People who become blind or visually- impaired due to TB Meningitis need assistive technologies and other devices. Numerous cases of people who become Deaf or hard of hearing and/or blind or visually-impaired due to adverse effects of DS and DR medications have also been reported. Unfortunately, most individuals in these affected key populations are unable to acquire immediate intervention, rehabilitation, and support services for these temporary or permanent disabilities.

The system also overlooks the prevalence of TB among people with disabilities like those who are deaf or hard of hearing, blind or visually impaired, mobility impaired or wheelchair users, and neurodiverse individuals. Currently, no available mechanisms are in place to reach this marginalized sector who may require diagnosis, treatment, and preventive care services as seen in existing treatment facilities and delivery mechanisms. Furthermore, TB prevention among persons with disabilities remains a challenge. The informational and capacity-building materials on the TB disease and treatment program are not available in disability accessible languages and formats that comply with universal design standards. Finally, participation of Disability federations and organizations and their specific recommendations are not incorporated in strategies to solve these barriers and to meet the 90% target of providing diagnosis, active TB treatment, and preventive care for the disability sector in the Philippines. This brief provides policy recommendations to improve the inclusiveness of TB diagnoses and treatment services as well as a multi-sectoral post-treatment program for people who acquire disabilities due to various forms of TB and the adverse effects of TB medication to help the country achieve its national target by 2030.

According to the Raise to End TB data, the records only show the numbers of those enrolled in the program but not their context-specific situations which has significant policy implications. These numbers will be the only basis for the program allocation for the country. There is a large difference in estimating the needed service for people without disability who may need treatment, those who acquire disabilities because of TB and medications, and people with disability who contract the bacteria. Even within the disabled community, the prevalence of various disabilities vary greatly requiring disability specific services within the larger TB treatment program. Unfortunately, data is not disaggregated by disability as far as the government is concerned.

“The most common type of disabilities were mental health disorders (23.1%), respiratory impairment (20.7%), musculoskeletal impairment (17.1%), hearing impairment (14.5%), visual impairment (9.8%), renal impairment (5.7%), and neurological impairment (1.6%). The prevalence of respiratory impairment (61.2%) and mental health disorders (42.0%) were highest in low-income countries while neurological impairment was highest in lower middle-income countries (25.6%). Drug-resistant TB was associated with respiratory (58.7%), neurological (37.2%), and hearing impairments (25.0%) and mental health disorders (26.0%), respectively.[iv]”

"Over 1 billion people are estimated to experience disability. This corresponds to about 15% of the world's population, with up to 190 million (3.8%) people aged 15 years and older having significant difficulties in functioning, often requiring health care services. The number of people experiencing disability is increasing due to a rise in chronic health conditions and population ageing."[v]

The current population of the Philippines is 112,496,537 as of Monday, July 4, 2022, based on Worldometer elaboration of the latest United Nations data[vi].

Approximately, 16,874,480, 15% of the total Philippine population have disabilities. In relation to the Global Plan's target to reach 90% of people in vulnerable sectors, an estimated 15,187,032 Filipinos with disabilities may need to access TB diagnosis, treatment, and preventive services nationwide.

III. Methodology

For this brief, Primary data was collected and assessed with an unbiased approach and triangulated using the following methods:

1. Documents review

Initial information was gathered by examining existing policy documents related to the country's TB program as well as relevant disability legislation and policies.

The 21 recommendations by 'the *Biannual Report, June-December,2018* by the Masaka Association of Person with Disabilities Living with HIV/AIDS (MADHIPA has detailed the need for the inclusion of disability in health programs. The report provided situations that are connected to the UNCRPD United Nations Convention for the Rights of Persons with Disabilities. the country Uganda has signed and ratified this convention, making the amendment of policies on health like for People Living with HIV and disability, to have proper services.

CPAG is composed of PLHIVs and non-PLHIV members. Its PLHIV members had the opportunity to avail of PWD ID in the past few years but under Psychosocial Disability. Unfortunately, DOH has recently released a new Memo stating that HIV and other illnesses are not yet recognized as part of PWD unless there is a secondary disability that will be indicated by specialized doctors. This is already being implemented in Cavite. As part of the Network Plus Philippines, this will be raised during the National PLHIV Summit that will be held soon. *by Cavite Positive Action Group, The Jch Advocacy Inc.*

National Council on Disability Affairs (NCDA)…Medical Conditions/Chronic Illnesses that are not yet recognized as a disability[vii]

According to a gay community in Pasay City, there is no existing program that caters to persons with disabilities with HIV. A case manager named Janno Antonio has been independently catering to the depth community with HIV using his skills and sign language interpretation. All the deaf identified PLHIVs, are all joint in the able-bodies database.

2. Key informant interviews

Data was also gathered from interviews with Persons affected by TB who experienced temporary or permanent disabilities and are currently being treated for the disease. Respondents were

asked to narrate experiences from Screening, Contact Tracing, during Treatment, post-treatment, and latent TB programs. Staff from disabled people's organizations working with persons at the intersection of TB and disability also contributed information to identify gaps in the country's TB program.

TBPeople Philippines invited representatives coming from different groups, both apparent and non-apparent disabilities. These are from the blind or visually impaired, deaf or hard of hearing, mobility impaired or wheelchair-user, and those with neuro-diverse disabilities. These representatives provided the standards on how to identify a disability, what are the existing programs and services provided to those with disabilities, and what are the current issues still faced by the sector.

Interviews were done by the disability representatives to those who acquired the impairment during or after the Tuberculosis treatment, and conclusions were listed for the crafting of recommendations.

Representative

Disability Representative	**Disability Representation**	**Organization**
Janine Cruzet	Blind/Visually Impaired	NOVEL Philippines
Victor Rescober	Blind/Visually Impaired	Philippine Blind Union
John Paulo Trinidad	Deaf/Hard of Hearing	Philippine Federation of the Deaf
Disney Aguila	Deaf/Hard of Hearing	Pinoy Deaf Rainbow
Jerwin Vivas	Neurodiverse	Bigkis ng PWD Association Inc.
Erico Abordo	Mobility	Architects for Accessibility

TBPeople Philippines has collected interviews from key informants. These are those who had temporary or permanent disability due to the treatment of TB. 6 out of 7 informants had a pre-existing disability, the stories vary in years experienced, and disability support services are a common issue. Not all the informants had the resources to access data regarding the disability support the country currently has, and the disability groups have minimal discussions regarding health. The disability focus has always been on livelihood and therapy. Those who went hearing impaired both shared that the hearing loss shows progression but will just be dealt with as per the advice of their physicians. This is due to the usage of injectables, and ADSM Active Drug Safety Monitoring was not yet created on the year our informants did the treatment. Those who are visually impaired also show a lack of programs for those with extra-pulmonary TB or other drug sensitivity. There are no systems in place to check if other senses of a person are starting to be affected, which is also in the ADSM. Persons who have TB in their bones lack support from the MOP Manual of Procedures. It is clearly stated that the coverage for Drug Susceptible treatment of the TB program will only be for RDT (Rapid Diagnostic Test) and the treatment. The chest X-ray for clinical testing is now being enhanced, but the other laboratories for extra-pulmonary like biopsy, CT scan, or MRI is still not part of the program. This is the reason for the rising number of persons with apparent disability.

All informants shared a huge struggle with their mental state. Both DS (Drug Susceptible) and DR (Drug Resistant) experiences, stated that depression, trauma, and the socially withdrawn environment affected their finishing of treatment.

Key Informants	**Name**	**Age**	**Area**	**Educational Attainment**	**Disability due to Tuberculosis**	**Disability Organization**	**Your marital status when you experienced disability while suffering from Tuberculosis?**
Person Underwent TB Treatment 1	Lheyna	36	NCR	College Graduate	Hard of Hearing	None	Single
Person Underwent TB Treatment 2	Nino	32	NCR	College Undergraduate	Hard of Hearing	Smile Train	Single
Person Underwent TB Treatment 3	John Noel	41	NCR	College Graduate	Neurodiverse	None	Single
Person Underwent TB Treatment 4	Kristina	36	NCR	College Graduate	Neurodiverse	None	Married

Person Underwent TB Treatment 5	Ernesto	33	Region 4-A	College Graduate	Visually Impaired	Resources for the Blind (RBI)	Single
Person Underwent TB Treatment 6	Raymond	53	Region 4-A	College Graduate	Visually Impaired	ATRIEVE	Married
Person Underwent TB Treatment 7	Rommel	43	NCR	College Undergraduate	Mobility	None	Single Father

3. Treatment site visits

Interviews were also conducted among personnel from top local government units to staff from local district centers to identify the government's response capacity. Heads of the Las Pinas City Department of Social Welfare and Development, the Las Pinas City Health Office, and Barangay Talon Dos Health Centre gave brief responses regarding the information campaign about the disease and the assistance they are giving to clients.

Using the provisions set in Batas Pambansa (National Law) 344 or the Accessibility Law, treatment sites were also assessed for accessibility. Sites in the City of Las Pinas and Malabon were used as case studies.

The TB CRG Assessment

In a recent analysis of the CRG Assessment in the Philippines as well as in and ones conducted in other countries, there was a focus on barriers to access in relation to the following 7 thematic areas.

1. Availability, accessibility, acceptability and quality of services
2. Stigma and discrimination
3. Freedoms to information, privacy and confidentiality
4. Key and vulnerable populations
5. Gender
6. Participation of people affected by TB
7. Legal remedies.

The Philippines has completed a national TB community, rights, and gender (CRG) assessment aimed to identify human rights and gender-related barriers to services, explore opportunities for enhanced community engagement, and recommend changes that could help to further strengthen an equitable, rights-based and gender-sensitive TB responseviii. Some of the key findings of the TB CRG Assessment in the Philippines are:

1. Women and people with non-heteronormative genders and sexual orientations are disproportionately affected by TB and face unique and often more significant barriers to accessing TB services and completing TB treatment;
2. Gender remains to be a missing component in the country's TB program;

3. It is critical that human rights Principles are further included in national and sub-national TB legislation and policy – as currently many laws and policies related to TB are predominantly focused on bio medical aspects.
4. Confidentiality, privacy, protection against stigma and discrimination, and protection of the rights of people with TB to privacy, confidentiality, informed consent, and self-determination remain to be a challenge for the Philippines;
5. People affected by TB in the Philippines are seldom involved in the monitoring and evaluation of the country's TB program; and
6. Information, education, and capacity-building on awareness of TB prevention and treatment as well as combatting stigma need to be incorporated in the country's overall strategy to reach its targets as set in the Global Plan 2030.

The TB CRG Assessment has also been used to draft a national costed TB CRG Action Plan. This plan aims to further operationalize TB CRG in the national TB response. The Global Plan to End TB 2023-2030 includes a target for all countries to develop this Action Plan. It is envisaged that this l further contributes to understanding the human rights and gender-related barriers that are experienced by people with disabilities when seeking to access quality TB services. However, a targeted study for the disability sector remains to be implemented.

IV. Findings

The response of the government highly depends on existing legislation and policies to help achieve its commitments as set in the Global Plan. However, as it currently stands, the existing policy and legal frameworks overlook the relationship between TB prevalence and disability or if there are mentions of this intersection in policies and legislation, it remains a challenge in policy implementation. In the context of this brief, various Philippine legislation, and relevant orders and memoranda regarding the country's TB program were analyzed to isolate policy gaps that have significant implications to the ability of the Philippines to reach 90% of Key and Vulnerable Populations as stated in the Global Plan.

1. Availability, accessibility, acceptability, and quality of services

For key and Vulnerable Populations, disabled people to be specific, it is important to consider the types of services made available to them and the barriers to accessing them. This is an area where a human rights approach reveals systemic service delivery gaps. The job aid for the TPT program is an example of the lack of disability inclusiveness in the country's TB treatment programs and policies. The guide provided to healthcare workers does not mention the need for proper disability identification and assessment[ix]. The main purpose of the job aid is to encourage clients to avail of treatment options but without proper identification of disabilities, even on a rudimentary level, people with disabilities like the Deaf or hard of hearing, people with speech and communication disabilities, the blind and visually-impaired, people with physical disabilities and wheelchair users, and those who have Neurodiverse may not receive important information about their treatment options and the implications to their health.

2. Stigma and discrimination

Stigma can manifest within the person with TB (self-stigma), but can also be externalized in the family, community, employment setting or health care service. This is a product of a detrimental behavior – known as discrimination -those results from the stereotype that underpins the stigma.

Perceptions about TB greatly affect health-seeking behavior, service delivery and access. Myths surrounding the disease persist and continue to hinder people especially those key and vulnerable populations to seek treatment. For those who do seek treatment, they may experience discrimination which brings further repercussions to their mental and overall well-being. Once more, this is another area a human rights approach becomes useful. The public, including people with disabilities, continue to be misinformed about TB and other diseases. In many situations, especially in less developed areas of the country where educational levels remain low, diseases and illnesses, including communicable ones like TB, are believed to be hereditary, and in some rare cases, a result of generational curses. This social misconception contributes to the spread of these diseases in the Philippines and is reflected in the way the country responds to epidemics and communicable diseases. In 1998 Tropical Disease Foundation (TDF) founder and Executive Director Dr. Thelma Tupasi reported that 89% of the Philippine population was exposed to the tuberculosis mycobacteria. Unfortunately, many are still convinced that this condition is genetic, leading many to disregard its implications. For this reason, many ignore risk factors and symptoms, fail to seek appropriate treatment and contribute to the spread of the virus. Similarly

Perceptions and views about TB draw an uncanny parallel to the situation of people with disabilities. Disabilities are also seen because of generational curses, especially within poorly educated populations. Even disabilities that result from disease or injury are sometimes perceived as curses within families. Just like people affected by TB, people with disabilities remain unaware of government programs and services. They do not access disability preventive treatment, rehabilitation, and transition support services. So, for people who acquire disabilities because of TB and related treatment and people affected by TB who have disabilities, the discrimination and stigma they face is two-fold. For people with disabilities that result from TB or TB treatment, the existence of stigma and discrimination may continue beyond treatment completion and there is a need for policies and interventions that provide this support in the future too.

3. Health-related freedoms to information, privacy, and confidentiality

The human rights approach outlined in the TBCRG tool reveals further gaps in accessing critical information about TB programs and services including those concerning treatment procedures, data privacy, and even general information about the disease. Furthermore, the disabling effects of TB and other communicable diseases remain undiscussed and largely unaddressed. In the case of the country's TB program, as far as policies are concerned, treatment procedures differ from primary complex, first-line medication to the MDR (Multi-Drug Resistant) programs which can result in irreversible effects or a lifetime disability. However, social policies overlook this relationship.

For instance, very little attention is paid to the highly nuanced differences between genetic or congenital disabilities and those acquired later in life. In the case of people with disabilities who are affected by TB, appropriate procedures are currently not in place to ensure that they are informed about the treatment options available for them as well as the implications to their health including additional disabilities that may result from complications of the disease and certain forms of treatment. This can be traced back to the lapses in society's understanding of disease, disability, and their relationship. Similarly, for people who acquire permanent disabilities because of TB or medications used to treat the disease, limited social programs exist that can help them transition from TB treatment to post-treatment rehabilitation and disability support. Just as in the case of people who are affected by, people with disabilities need to make physical adjustments along with their changing needs, routines, interests, career or educational goals, and future. These adjustments, just like the way communicable diseases and illnesses are perceived, are very much affected by the immediate environment including

the family, the community, and the views about disability and disabled life. Not only are the dynamics parallel, but the intersection of communicable diseases and their disabling effects pose layers of barriers to people who acquire disabilities because of TB or people with disabilities who are affected by TB. Both segments of the population require a disability-inclusive response within the national program so their treatment and post-care needs are adequately met primarily through community-based social service programs. Therefore, this brief adopts a multi-sectoral approach to TB treatment and prevention particularly for vulnerable sectors, specifically, the disabled community who, at some point in time, may require to be enrolled in the country's TB program or people who need to transition from the country's TB treatment program to other social programs that can help them access disability-specific support programs and services.

4. Key and vulnerable populations

In the TBCRG assessment tool kit, Key and Vulnerable Populations (KPVs) are groups of people who are at a higher risk of being affected by TB. Among those cited as KVPs are disabled people, the elderly, children, people living with HIV and AIDS, people in the prison system, indigenous peoples, and other marginalized groups including people who may identify with two or more of these groups. As a Key and Vulnerable population, people who acquire disabilities as a result of TB or TB treatment and people with disabilities who are affected by TB, have unique needs that are currently not considered in the country's TB program. For instance, the modification of treatments must consider disability from the outset so a baseline can be drawn to determine whether or not modification of treatment is necessary.

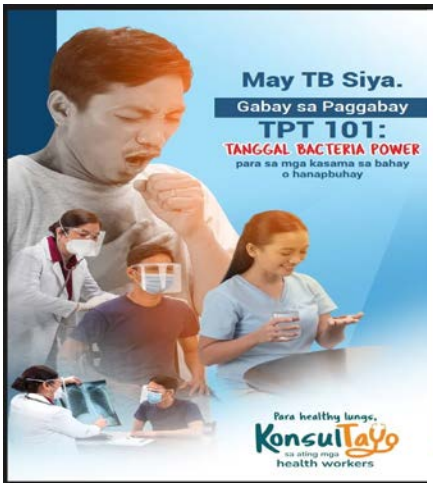
In this regard, a person's status before treatment must be gathered as baseline data to monitor any adverse effects of medication and to provide specific interventions as needed. "Health programs that systematically monitor patient safety are in a better position to prevent and manage adverse drug reactions (ADRs), relieve patient suffering, and improve treatment outcomes. Likewise, TB programs that actively pursue drug safety monitoring and management are better prepared to introduce new anti-TB drugs and novel regimens. Both the World Health Organization and the Philippine Department of Health have cited the prevention of disability under the ADSM guideline[x]s but shall need amendments to local laws and policies to operationalize the disability-inclusive components of the program.

Also, as it stands, social security benefits and state-funded disability rehabilitation and support programs are not readily available in the event that people acquire disabilities because of some form or complication of TB or due to the toxicity of medication used in treatment. In the ADSM Executive order, only critical assessments and further verifications regarding the treatment are provided but no social security was mentioned for those who will experience these adverse reactions. The Philippine Social Security system provides benefits based on voluntary contribution, and if the needed duration is not met, no assistance for the contributor will be given. SAEs and AESIs needing expert opinion as determined by DOH-PD shall be compiled and reported to an ADSM Causality Assessment Committee (aCAC). Such cases shall then be reviewed and assessed by the Committee to come up with a recommended causality assessment[xi].

In addition, access barriers for people in the intersection of TB and disability pose significant challenges to the country's ability to achieve its commitments to the Global Plan. For example, Batas Pambansa 344, An Act to Enhance the Mobility of Disabled Persons by Requiring Certain Buildings, Institutions, Establishments and Public Utilities to install Facilities and Other Devices, otherwise known the Accessibility Law remains poorly implemented. In the case of the country's TB program, facilities assigned by the local government as treatment centers are often old and do not contain access features for people who need them. Usually, the DOTS program delivery centers are situated on the upper floors

of buildings. These old infrastructures have no lift or elevator; The stairs are not properly designed for the right dimension of distance and height of steps, and ramps with proper slope for wheelchair users are absent. These ramps are required to have handrails for those who are mobility impaired but not wheelchair users, with appropriate heights for both adult and children with disability. The Doors are also not accessible and it is advised that they are equipped with level-type doorknobs for people with mobility and strength issues. Under the law, the providing of Reasonable Accommodation is the next option if there is no Built Environment for Persons with Disability. However, the absence of coordination between the health care system and agencies that provide disability rehabilitation and support services remains a major barrier to access.

Malabon health center



5. Gender

The TBCRG assessment highlights gender as an important consideration because of the unique situation of women and LGBTQIA+ individuals that may be compounded by TB. Gender has been linked to socio-economic disadvantages, low levels of education and employment, and poor

healthcare access which can impact the ways that these groups access the country's TB treatment program when they need to do so. As mentioned, the Philippines has conducted a gender-based assessment but more data needs to be generated to look at the intersection of gender and disability. It is notable that TB-related data that are disaggregated by disability remain missing in the country's information and knowledge systems. According to the International Labour Organization (ILO) website article for Philippine National Women with Disabilities Day, "In the Philippines, it is estimated that about 1.44 million persons, or 1.57 percent of the population have a disability, and of this, females with disabilities comprised 49.1 percent. Among people with disabilities, there are significant disparities between men and women in educational attainment, employment, income, and policy awareness. For instance, females make up only a third of the income of men with the same education, age, marital status, and disability. Barriers to accessing education and training and decent jobs are more deeply entrenched for females with disabilities than for males" published on March 28, 2022. It states that women are not able to get the same opportunities as the opposite sex and there is a lack of details on the type of disability of these women. Furthermore, more in-depth studies need to be conducted to determine the prevalence of TB among people who are part of multiple key populations like people with disabilities including those with mental health concerns, women, LGBTQIA+ individuals, indigenous peoples, migrants, internally displaced persons, and other Key and Vulnerable Populations. As it stands, data that identifies people within the intersections is not available so it is currently a challenge to reach people who may be marginalized because of various factors which is compounded by any stigma and discrimination they experience because of TB.

6. Participation of people affected by TB

Participatory mechanisms including those that advocate for the people's right to make informed decisions about treatment are also another human rights concern at the core of the TB CRG assessment. To address the concerns of people in the intersection of TB and disability, participatory and information exchange mechanisms that follow universal design standards need to be put in place to minimize the effects of barriers to access for people with disabilities. Our inquiry reveals a few key concerns in this area. For instance, personnel in health care facilities do not have experience with sign language interpretation for people who are Deaf or hard of hearing. Information used in facilities are also presented in text-heavy formats that may not be suitable for the Deaf or those with learning disabilities. Simple visual aids and posters can be provided on the walls of these facilities to provide information about diagnostic, preventive, and medication options including risk factors and possible adverse effects of the infection and the various treatment options available to help patients to make informed decisions about their treatment.

Also, the city or municipal Persons with Disabilities Affairs Office is currently the participatory mechanism and at the same time, the clearing house and service delivery unit of local government units on disability matters but remain untapped for people who acquire disabilities as a result of TB and/or treatment and for people with disabilities affected by TB. For instance, proper coordination between the health care sector and the local government units or the district office of the Department of Social Welfare and development (DSWD) who are in-charge of the country's disability programs is also clearly absent in the country's TB program. People who may have acquired disabilities because of TB or medications do not have a smooth transition from treatment to post-treatment. Ideally, referral guidelines must be established between the national TB program and other relevant agencies to ensure that people who acquire disabilities because of TB and/or medications have adequate disability support during and after treatment. As with the already cited lapses in the process of diagnosis and treatment, information about these services should also be presented in formats that follow Universal Design

Principles so people who acquire disabilities while in treatment and people with disabilities affected by TB can make better decisions about their treatment as well as further actions to manage disabilities that result from TB or related treatments.

During this policy study, people with disabilities affected by TB who are currently in or have completed treatment, people with disabilities working with people affected by TB who have acquired disabilities, and stakeholders in partner local government units were consulted to encourage linkages and participation among various government agencies and people in the intersection of TB and disability. Furthermore, policy recommendations and other proposals that resulted from this initial policy study are undergoing the process of stakeholder consultations in different parts of the country. However, the presence of community-led monitoring mechanisms remains a challenge and must be addressed to help the country achieve its targets.

7. Legal remedies

Policies and legislation are the backbone of a country's TB treatment program. The Philippines does have legislation for disabled people as well as one for TB prevention and treatment. However, provisions set in these pieces of legislation need to be harmonized and translated into sound policies and programs to address people in the intersection of TB and disability.

For instance, in terms of access to health care infrastructure, Republic Act 9442 or the Amendment to the Magna Carta for Persons with Disabilities outlines clear provisions for accessible built environments[xii] but budgetary allotment for infrastructure and reasonable accommodations was not mentioned. Although the law aims to provide disability-specific access to services including the health care system, details regarding financing continue to be a challenge. Implementation of the law is largely fragmented as its implementation highly depends on each office or agency's leadership and the way they understand the policy. For instance, in the 2022 budget allocation from the Department of Health, disability specific programs or services within the national TB program is not mentioned even though disability is cited as a target population for the program[xiii].

V. Recommendations

Respondents provided recommendations that can aid the health care system to adapt to the needs of key populations. Some recommendations are existing best practices. From other existing health care programs and can be modified to fit the specific needs of the country's TB treatment program. The recommendations cited can be considered as the initial strategic response to tap the unreached segments of the key and vulnerable population nationwide. These recommendations are intended to improve service delivery with proper institutional mapping to strengthen the country's capacity to fulfil its commitment to the Global Plan.

High Level Recommendations	Steps to be Taken	Stakeholders Involved	Timeframe
1. Improve the access to TB treatment by removing barriers in the environment	a. Conduct disability sensitivity training for health care professionals. Training must include proper identification of disabilities upon screening for proper treatment administration as well as a	DOH, DILG, DSWD	GF 2023 proposal in response to JPR 2022 recommendations on improvement of infrastructures or Built

	baseline data for monitoring of adverse effects of some TB medication. b. Ensure that treatment facilities comply with accessible building codes or the Accessibility Law. c. Ensure that information about the TB Program including offered services, treatment options, and possible adverse effects of treatment are made available in various formats that comply with the principles of Universal Design (*.E. described and caption/ interpreted videos, infographics, materials with simplified language, etc. d. Emphasize the use of Filipino Sign Language (FSL) in all TB related materials, procedures, and treatment protocol. e. Promote the social protection of people affected by TB who are part of key and vulnerable populations by ensuring that patient take an active role in treatment. f. Launch information campaigns for the general public to reduce the double stigma experience by people affected by TB in key and vulnerable populations.		Environment, personnel providing reasonable accommodation, providing of accessible ICT (Information, Communication, and Technology), and resources from the special funds from the untapped grants of PBSP grant recipient

2. Implement disability inclusive, participatory, and multi-sectoral TB response plans in the barangay (community) level	a. Create a TB screening, diagnosis, and treatment protocol that take into account disabilities and other KVP markers. b. Establish a referral and coordination system between TB Program delivery units and Local Government Units, to be particular the Persons with Disabilities Affairs Office in cities, municipalities, and barangays. c. Adapt disability inclusive strategies in the barangay community health plan which include the provision of wheelchairs and mobility aids, accessible transportation, and mobile health facilities to help people with disabilities to access treatment. d. Adapt a community-based treatment monitoring process by barangay health workers to help people complete treatment.	DOH, DILG, DSWD	inclusion of referral system in the AIP Annual Investment Planning of the budget from disability federation for proper monitoring of persons affected by TB who are with or without disability on the October proposal submission to the City Budget office
3. Gather TB data disaggregated by disability and ensure data protection, privacy, and confidentiality	A. Include disability-specific questions in the TB screening and contact tracing processes. B. Identifying other KVP markers like sexual orientation, gender identity and expression, ethnic background, etc. can also be incorporated in the TB screening and contact tracing [protocol. C. Create an accessible and secure diagnostic and treatment database to promote information access for people in the intersection of Tb and disability as well as	DOH	allotment on the budget of disability federation on biometrics project to support the improvement of the screening for TB. Budget allocation both can come from disability annual allotment from LGU and Barangay level budget

	informal carers and health care providers.		
4. Amend existing legislation, policies, and manuals to adapt disability inclusive TB diagnosis, treatment and prevention strategies	A. Amend Republic Act 10767 or the Comprehensive TB Law to include provisions for disability prevention, rehabilitation and support in the form of reasonable accommodations in the treatment sites, counseling and referral programs for people acquiring disabilities as a result of TB and/or treatment, and promoting feedback mechanisms to encourage stakeholder participation in the monitoring and evaluation of the country's TB program etc. B. Revise the Manual of Procedures version 6 to include a ready job aid to help health care workers to help identify people who are blind/visually-impaired, Deaf or hard of hearing, speech impaired, mobility impaired and wheelchair users, and the neurodiverse. C. The Active Drug Safety Monitoring (ADSM) must include social protections for people who acquire disabilities because of TB medication. D. With the use of UAP (United Architects of the Philippines) under the project AFA (Architects for Accessibility) form 2 which provides a step-by-step assessment of the health facility compliance with BP344 Accessibility Law.	Congress	Proposal for the increase allotment on the GAA General Appropriations Act on the health percentage and detail the need for allotment on habilitation and rehabilitation programs. Include in the PhilHealth package the needed coverage for laboratories like biopsy, CT Scan, baseline tests, and surgeries for severe cases of TB. Request from the LCE the recommendatory contribution of private business entities in each locality to the campaign End TB from the CSR Corporate Social Contribution
5. Ensure that budget and financing mechanisms adapt disability inclusive procedures	Creation of CBOs/CSOs that can do city dialogues in each LGU or municipality for the implementation of RA 7160 which aims to provide basic services to all its residents and	DILG, LGU, and DOH	The EO 138 Mandanas Law that is started year 2022 to 2024 that targets to

	the marginalized sector. In order to provide demand from its residents in the utilization of the programs and services that will be provided by the LCE from its IRA.		redevolve more basic services to the LGUs, should provide enhancement of disability services from the health providers. budget from the LCE on improvement of facilities and DAST trained health workers, barangay budget to cover for socio-economic and legal assistances and to provide a patient navigator on all of the issues our persons with TB and disability will encounter

Conclusion

To help the Philippines achieve the 90% treatment rate among people with key and vulnerable populations as stated in the Global Fund 2023-2030. The country needs to adopt disability-inclusive strategies in the implementation of the Philippine TB treatment program. Initiatives must consider people who acquire disabilities because of TB and/or treatment and people with disabilities affected by TB. The screening, contact tracing, treatment, and aftercare services must consider disability as an important factor to be considered in achieving treatment success. To reach this population who may experience layers of stigma and discrimination in the form of access barriers, a multi-sectoral, community-based, and participatory approach must be adopted that takes advantage of existing mechanisms in the city, municipal, and barangay level including local community health plans. By doing so, the country can improve the delivery of its TB Program and people in these key and vulnerable populations can access these services from their immediate communities with the help of relevant agencies and stakeholders.

These recommendations all work towards a Community Led Monitoring (CLM) mechanism by development partners and other Community-based health organizations. The CLM helps create a pathway for overcoming human rights barriers and adopting a disability-inclusive perspective in the country's TB program. However, further inquiries on the cascade of care and the various ways that CLM protocol can be used as a guide to modify Service Delivery, demand generation, monitoring, and Evaluation still need to be carried out on a systemic level to harmonize the proposed CLM mechanism with existing best practices on the ground. The CLM will provide the smart ASKs to the target audience, based on the community’s lived experience. The CLM can also be used as a feedback mechanism to

gather life stories of experiencing and overcoming disability barriers. The primary data can be used as leverage to demand accountability from our government to allocate and prioritize the budget for implementing disability-inclusive practices in the country's TB program.

In addition, a toolkit created by TBPeople Philippines with the help of UAP-AFA that conducts assessments of establishments will be used by TBPeople Philippines. This toolkit is called TBPeoplePH Access Audit which will be composed of two parts. the first part is composed of the checklist on the compliance of BP344. The second part is the accessible information on the TB cascade of care to check the education, rehabilitation, social indicators, livelihood options, and patient empowerment of the PWTB (Persons With TB) in the facility.

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Annex: TBPeoplePH Access Audit Form

TBpeoplePH Access Audit Form

Venue: _____ **Date of Audit:** _____

Complete Address: _____

	STAR POINTS
	ONE (1) STAR = 1-99 POINTS
	TWO (2) STARS = 100-149 POINTS
	THREE (3) STARS = 150-199 POINTS
	FOUR (4) STARS = 200-249 POINTS
	FIVE (5) STARS = 250-300 POINTS

PART 1 POINTS: _____

PART 2 POINTS: _____

OVER ALL POINTS/STAR: _____

PART: 1
PHYSICAL APPERANCE OF THE FACILITY

ACCESSIBILITY FEATURE	POINTS	TOTAL PTS.	RECOMMENDATION
1. Ramp: 1:12 gradient	5		
2. Ramp: 2 handrails w/h= .7 & .9 both sides	5		
3. Ramp: max. w=1.2 max; L=6 max w/land.	5		
4. Toilet: 1.7 x 1.8m (minimum)	5		
5. Toilet: door w=.80m (min.) w/1.5 x 1.5 t.r.	5		
6. Toilet: 1 movable & 1 fixed grab bar	5		
7. Parking slot: w=3.7m (min.) near entrance	10		
8. Signage: at toilet, ramp & parking slot	10		
9. Non-skid Flooring: at toilet & ramp(grooves)	10		
10. Entrance door: .8m (min.) w/1.5 vestibule	10		
11. Corridors: w=1.2m (min.) clear space	10		
12. Handrails: 30-50mm dia. w/50mm clear	10		
13. Tactile flooring (for the blind)	5		
14. Blinking lights (warning for the deaf)	5		
Additional points:			
15. Stairs (slip-resistant w/ slanted nosing)	5		
16. Elevator (w/0.80 m. minimum entrance)	5		
17. Installment of PWD office/kiosk @1st floor	10		
ACCESSIBILITY FEATURE	**POINTS**	**TOTAL PTS.**	

Legend for Recommendation:
A = for installation during future renovation
B = for removal during future renovation
C = for correction during future renovation (specify details)

PART: 2
CASCADE OF CARE
Patient Management (Questions for Patient)

DESCRIPTION	POINTS	TOTAL PTS.	RECOMMENDATION
SCREENING			
Do you know the cardinal signs and symptoms of TB?	5		
Do you understand the cardinal signs and symptoms of TB?	5		
Do the healthcare provider collected all your details?	5		
Did they explain to you what is the purpose of sputum cup?	5		
Did they instruct you how to collect sputum specimen?	5		
Did they instruct you properly how to submit the specimen?	5		
Did they ask if you have other co-morbidities?	5		
Do they assist you very well and less hassle in screening?	5		
Are they on time always and accommodate you well?	5		
CONTACT TRACING			
Do your healthcare provider asked who's living with you?	5		
Did they explain to you why they asked you this?	5		
Did they instruct you to get you family to get screened too?	5		
Did they screen ALL you household contacts?	5		
Do they assist your family members for free Xray?	5		
DIAGNOSIS			
Did they explained to you what lab test you needed?	5		
Do you understand what is the purpose of those lab test?	5		
Do you understand the importance of those lab test?	5		
Did you get your lab test results on time?	5		
Did they explain to you your lab test results?	5		
Do you understand the explanation of your lab test?	5		
REGIMEN			
Did they discuss to you the different regimen in TB treatment?	5		
Do you understand why you're in the regimen they assigned to you?	5		
Did they explain the side effects of your medicines?	5		
Do they instruct you what to do if you experience side effects?	5		
Do they teach you how to take the tbmeds daily properly?	5		
SIDE EFFECTS			
Did they discuss to you the usual side effects of tb meds?	5		
Do you understand the explanation about the side effects?	5		
Do they explained to you, what you will do when side effects occur?	5		
Do you know about Adverse Drug Reaction?	5		
Do you understand what is Adverse Drug Reaction?	5		
REHABILITATION			
Did they orient or discuss to your family member the details about the TB Preventive Treatment? (For DSTB)	5		

Do they encourage your family members to undergo TPT?	5		
Did your family members understand the explanation?	5		
Do they explained to you, what you will do to avoid TB re-infection?	5		
Did they successfully encourage your family members to undergo TB Preventive Treatment?	5		
Do they explain well the side effects of TB Preventive Treatment?	5		
SOCIAL			
Did they discuss to you about the Social Protection Program?	5		
Do they encourage you to claim Social Protection Program?	5		
Did they do anything to assist you in claiming the Social Protection Program?	5		
Do they give you many options of Social Protection Program?	5		
Did you claim the Social Protection Program?	5		
LIVELIHOOD			
Do your facility discuss you about the livelihood program assistance or employee support (for those employed)?	5		
Did they do anything to assist you in claiming the livelihood program assistance or employee support?	5		
Did you claim the livelihood program assistance?	5		
Did they explained to you that you can back to work after 2 weeks when you're no longer contagious?	5		
Do they assisted you to have clearance and back to work?	5		
Do they assisted you in other ways in order to help you in other needs while in treatment?	5		
Do you know where you can ask for help for livelihood assistance?	5		
ADVOCACY			
Did you know TBpeople Philippines? If yes, how?	5		
Do you know anything about PSEAH? If yes, tell something.	5		
Do you know what is discrimination?	5		
Did you experience to be discriminated? If yes, how?	5		
Do you know anything about Human Rights? If yes, share it.	5		
Are you willing to help people with TB too in the future?	5		
Do you know any TB Organization aside from TBpeoplePH?	5		
Do you know that there's organization existed like TBpeoplePH?	5		
Did your healthcare provider discuss to you anythings about the Patient Support Group?	5		
ACCESSIBILITY FEATURE	**POINTS**	**TOTAL PTS.**	

Legend for Recommendation:
A = Very Good
B = Good
C = Poor