

The Global Fund Program

Programmatic Management of Drug-Resistant Tuberculosis



OBJECTIVES

- Round 2 (August 2003 to June 2008): to utilize the Green Light Committee (GLC)-approved project to treat patients with MDR-TB
- Round 5 (October 2006 to December 2008): to expand MDR-TB services in Metro Manila and to one other region
- Consolidated Grant (2009-2014): to scale-up the Programmatic Management of Drug-resistant TB (PMDT) beyond Metro Manila and provide nationwide coverage and improved access.

ACCOMPLISHMENTS

The Global Fund to Fight AIDS, TB and Malaria (GFATM) Round 2 came in 2003. Since patients were treated at the Treatment center, it soon became overcrowded with patients. Hence, the idea of decentralization evolved in the expansion phase. Once patients turned sputum-negative, they were endorsed to the referring DOTS facility through patient decentralization, a highly collaborative process involving the regional health office and the city health office, before the patient could actually be transferred to the local health center in the community near where the patient lived.



More satellite MDR-TB treatment centers were established, starting with the Bahay ng Kabalikat sa Kalusugan (Partners in Health) at the Philippine Tuberculosis Society, Inc. (PTSI) in 2004 and the Lung Center of the Philippines (LCP), the first government facility formally engaged in MDR-TB in 2005. Along with this, more partners were engaged, including faith-based organizations and local health centers (largely public but also including privately initiated DOTS units and trained to become treatment sites). In 2008, two more treatment centers were established in Metro Manila, namely the Tala treatment center and the PTSI-Tayuman treatment center. TDF provided training to two

culture laboratories, including the LCP lab (2007) and the PTSI lab (2008), which were enhanced to contribute to the work that the TDF laboratory was doing. In 2007, the National TB Reference Laboratory (NTRL) started doing cultures and, in 2008, became quality assured for DST through its supranational laboratory, the Research Institute of TB (RIT) in Japan. It has eventually become the lead in the laboratory network in the Philippines, with TDF as one of its culture and DST laboratories. This "Expansion Unit" for MDR-TB consisting of a) a Treatment Center, b) trained Treatment Sites, and c) a culture and DST laboratory today serves as the template for the country scale-up, in collaboration

with the DOH, aiming to reach the whole country nationwide.

This expansion could not have been possible without the growing political commitment of the government. In 2006, through Round 5, a Memorandum of Agreement was signed with the DOH, the regional Metro Manila Center for Health Development (CHD-MM), the NTRL, and the TDF. This facilitated the expansion in Metro Manila and also enabled the mainstreaming of MDR-TB services to the NTP. Key areas, such as decentralization, drug management, capacity building, and laboratory services, were slowly integrated programmatically in the NTP's existing structure. Coincidentally, it was at this time that the term "DOTS-Plus" was changed to "Programmatic Management of Drug-resistant TB" (PMDT) by the WHO and the international community.

bato, and Cordillera Administrative Region) were scheduled to be engaged in the latter part of 2009 and the remaining five (Regions 2, 4B, 8, Autonomous Region in Muslim Mindanao, and Caraga) of the 17 regions in 2010, thereby reaching the whole country.

Five MDR-TB Treatment Centers were launched in Regions I, IV-A, V, X, and XI last June and July 2009, in addition to the six existing treatment centers in the National Capital Region (NCR) and Region VII. Initial engagement/advocacy visits to other regions (Region III, IV, IX, XII, and CAR) had been done last July 2009. The setting up of MDR-TB treatment centers is a long process and may take up to six months since the initial engagement of the region. The establishment of MDR-TB treatment centers in regions beyond Metro Manila have provided increased access to PMDT services for patients who do not have the capacity and the means to relocate to Metro Manila and seek treatment.

There were challenges encountered in the field, such as the lack of political commitment of some partners, as well as competing priorities and programs preventing partners from being fully engaged in PMDT.

It is projected that more than 13,000 patients would have been treated by the conclusion of the RCC grant in 2014. Patient accrual since 1999 up to August 2009 is shown below. Out of the total of 13,000-plus patients to be treated, a cumulative total of 1,778 have been initiated treatment. There were 165 pre-GFATM patients supported through various donors of the TDF and 1,713 patients GFATM patients.



The Scale-up Phase (2009 onwards)

Starting 2009, the scale-up phase for nationwide coverage was funded by the Rolling Continuation Channel (RCC), an extension of Round 2, which finished in 2008. From a baseline of two regions (NCR and Region 7-Central Visayas) with MDR-TB services established, an additional five regions (Region 1-Ilocos, 4A-CaLaBaRzon, 5-Bicol, 10-Cagayan de Oro, and 11-Davao) were engaged in June of this year with one treatment center each. Another five regions (Region 3, 6-Iloilo, 9-Zamboanga, 12-Cota-

Political commitment as central to sustainability

The PMDT expansion could not have been possible without the growing political commitment of the government. In 2006, through Round 5 GFATM, a Memorandum of Agreement was signed with the DOH, the regional Metro Manila Center for Health Development (CHD-MM), the National TB Reference laboratory (NTRL) and the TDF. This facilitated the expansion in MM and also enabled the mainstreaming of MDR-TB services to the NTP. Key areas such as decentralization, drug management,

Table 1. Cumulative Figures

ROUND	PERIOD	NO. OF PEOPLE
People trained (Service deliverers trained on PMDT)		
Round 2	August 2003 to June 2008	913
Round 5	October 2006 to December 2008	833
Consolidated Grant	January 2009 to June 2009	214
TOTAL		1960
People reached (MDRTB patients detected)		
Round 2	August 2003 to June 2008	1041
Round 5	October 2006 to December 2008	1328
Consolidated Grant	January 2009 to June 2009	620
TOTAL		2989
People reached (MDRTB patients enrolled for treatment)		
Round 2	August 2003 to June 2008	547
Round 5	October 2006 to December 2008	723
Consolidated Grant	January 2009 to June 2009	279
TOTAL		1549
Commodities Distributed		
Second line anti-TB drugs and ancillary drugs for all enrolled MDRTB patients		
Service Points Supported (MDRTB Treatment Centers Established)		
Round 2	August 2003 to June 2008	3
Round 5	October 2006 to December 2008	3
Consolidated Grant	January 2009 to July 2009	5
TOTAL		11

capacity building and laboratory services were slowly integrated programmatically in the NTP's existing structure.

Psychosocial support as patient empowerment

TDF ensures that psychosocial support is part of the management package and tries its best to employ patient-centered approaches. Patient and staff gatherings are venues for patients to mutually provide encouragement to one another. Patients abandoned by loved ones due to TB find a new family in the Treatment Centers and find strength in the camaraderie of patients and staff.

A psychosocial team was formed in 2005, consisting of a senior Clinical Psychologist, a psychosocial coordinator, and a social worker.

The Clinical Psychologist established the regular focus group discussions with patients and one-on-one counseling in KASAKA. This was replicated in the other treatment centers through the training of social workers or designated staff to conduct patients empowerment activities such as general assembly, livelihood activities, other patient empowerment activities.

TDF recently embarked on a participatory patient empowerment and advocacy strategy TB Photovoice which entrusts cameras to patients to capture the realities of TB through photos. These images aid patients in articulating their stories and presenting important issues surrounding TB to policy- and decision-makers, health providers, potential funders, and others.

Very recently, TDF published a book of patients' and healthworkers' stories on their experience with MDR-TB. Entitled "I Am Stopping TB: Susugpuin ko ang TB", this book shares the emotions of afflicted individuals and its impact on their and their loved ones' lives and future. Over 100 stories were included by patients and PMDT health workers who were enthusiastic about sharing their stories.

On World TB Day 2009, a video entitled "MDR-TB Patients Speak" was produced by TDF with support from the Stop TB Partnership and the MDR-TB Working Group and was shown at the global World TB Day Celebration in Brazil. This touching film depicted the journey of a number of patients and cured individuals with MDR-TB.

Other patient-centered activities include skills trainings are also offered at some Treatment Centers such as crafts- and bag-making using cheap and readily available raw materials. The products are sold during World TB Day and other national TB. events. Vegetable gardening and cooking are also encouraged which supplements the daily food ration given at the center.

Laboratory Network

Starting 2006, TDF provided bench training on culture and DST to staff from other laboratories in Metro Manila for three months. In 2007, the LCP and NTRL began to perform routine cultures for PMDT and shared in the bulk of work with TDF through a zoning system of the entire region. In 2008, PTSI culture laboratory joined the network. Then, NTRL became quality assured by RIT, Japan. Today, TDF and the NTRL are the two main DST labs in the country.

As the current lead in the laboratory network, NTRL provides capacity building to the existing regional laboratories in the country, while TDF provides training to the other private or public non-regional labs. The same 3-month training is done followed by mentorship at the end of the course. NTRL now conducts proficiency testing to potential DST centers. The Cebu TB Reference Laboratory –was initially trained on culture and DST by the TDF and recently has been quality assurance by NTRL. This regional lab will be performing both culture and DST for region 7 and its adjacent regions.

The regional culture centers and the newly identified non-regional culture centers will perform the routine cultures requested by the Treatment Centers.

Human Resource Development

Human resource and capacity building became a major component of the framework in 2006 during the mainstreaming process to the NTP when more and more trainings needed to be done. TDF conducted a Training of Trainers to the NTP and Metro Manila thereby increasing the pool of master trainers to 12. These master trainers have trained around 150 at the regional level including the Treatment Centers. The regional trainers have in turn trained 1,700 staff at the local level.

In Metro Manila, training is now conducted independently by the regional trainers using a set of the **Training Modules for health facility staff in the Philippines**, the first English language training modules for MDR-TB worldwide. These material was put together by the PMDT core team at TDF with inputs from the NTP and other partners and with technical assistance from the WHO-HQ. These competency-based training modules consist of Module A: Introduction, B: Detection, C: Treatment, D: Health education, E: Continuing treatment, F: Drug and supplies management, G: Monitoring (with workbooks), and H: Field Visits. The set includes a Reference Booklet which contains all the forms used in PMDT, and a Facilitator's Guide. These modules were developed over a period of two years (2006-2008) and followed a systematic process using the 10-step procedure of formulating training materials and have been used as the basis for the global generic version of PMDT training modules of the WHO.

Drug management

During the pilot project, drugs for the MMC DOTS Clinic were stored at the MMC Pharmacy. TDF took charge of delivering these drugs to the Treatment Centers. During the mainstreaming phase, the Center for Health Development- Metro Manila (CHD-MM) became the storage warehouse for –the drugs of the region with oversight from TDF.



In 2007, the warehouse was renovated through GFATM support. The warehouse soon became in charge as well of the distribution of drugs to the different treatment centers. In 2008, treatment sites shifted from "push" to "pull" system after capacity building was done on the relevant staff. Procurement, considered a very complicated process with the long lead time and short shelf-life of second-line drugs, is still being handled by TDF at the moment and is intended to be mainstreamed to the NTP in time.

USAID Western Pacific Regional Model for MDR-TB

On 28 April 2009, the Tropical Disease Foundation was launched as the USAID Western Pacific Regional Model Center for MDR-TB with support from the WHO-WPRO. Prior to this, the TDF underwent assessment by the Centers for Disease Control and Prevention in Atlanta, Georgia, U.S.A. As a Model Center, a specific set of responsibilities had been identified, including:

- To develop training programmes, including formal training, fellowship, study visits
- To conduct different training programmes for NTP staff in the Region
- To support countries to develop, implement, evaluate in-country training programmes
- To develop a resource center for TB, especially in new technical areas such as MDR-TB