

Mira, NR, Quelapio, MI, Tupasi, TE, Vianzon, RG, Lofranco, V, Lagahid, JY and Auer, C, "Implementing programmatic MDR-TB management by involving various partners: experiences from Manila, Philippines," *The International Journal of Tuberculosis and Lung Disease*, Vol. 10, No. 11, (November) 2006, Supplement 1: S4.

Aim: To describe programmatic multidrug resistant TB (MDR-TB) management (PMTM) through various partners including community treatment partners (CTPs) and MDR-TB patients.

Design, setting and patients: This is a descriptive study of PMTM undertaken at a private-public mix DOTS (PPMD) at the Makati Medical Center from June 2001 to October 2005.

Main outcome measure: Treatment outcome of patients.

Methods: MDR-TB patients underwent skills training for livelihood and economic empowerment and group therapy sessions to address psychosocial issues. Through the organization 'Samahang Ligtas Baga', MDR-TB patients have been empowered to engage in advocacy for TB control. Some MDR-TB patients have been trained to become treatment partners while they themselves are completing treatment. CTPs from 48 public DOTS centers, 4 faith-based organizations, 4 non-government organizations, one industrial clinic, and three PPMDs were trained on community-based PMTM. Eighty-seven (23%) of 377 MDR-TB patients enrolled in the program were endorsed to the CTPs because of difficulty in attending the clinic.

Results: The treatment outcomes in the patients on the community-based PMTM showed a significant increase in cure rate (83% vs. 54%) and conversely a significant decline in default rate (7% vs. 25%) compared to those on facility-based PMTM. However, excluding 23 early defaulters during the first six months of therapy, the decline in the default rate (7% vs. 17%) among MDR-TB patients managed through CTPs did not reach the level of statistical significance due to the small number studied.

Conclusion: Community-based implementation of MDR-TB care is feasible in Metro Manila, Philippines. A significant decline in the default rate and increase in cure rates among patients underscore the benefit of community-based PMTM.