

# **Scale-up of Programmatic MDR TB Management (*PMTM*) in the Philippines**

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# Magnitude of MDRTB in the Philippines:

Data Sources	Type of Resistance	
	New	Previously Treated
<b>Phil. National Survey, 1997</b> <i>(Tupasi, T., et.al)</i>	1.4%	14.5%
<b>National Drug Resistance Survey</b> NTP, WHO, JICA, 2004 <i>(Preliminary)</i>	4.4%	21%

# Treatment Failure Rate (*Smear +*), NTP

	Amongst NEW (%)	Amongst Re-Treatment (%)
1999	2.0	-
2000	1.2	-
2001	1.3	-
2002	1.3	-
2003	1.0	6.0

# Treatment Failure\* Rate (Smear +) DOTS Center at MMC

	Amongst NEW (%)	Amongst Re-Treatment (%)
1999	0	22.2
2000	4.3	6.7
2001	0	0
2002	0	15.4
2003	0	14.3

\* All turned out to be MDR-TB

# Stages of PMTM in the Philippines

➤ Goes beyond DOTS → “*DOTS (+)*”

## ○ Pilot Stage:

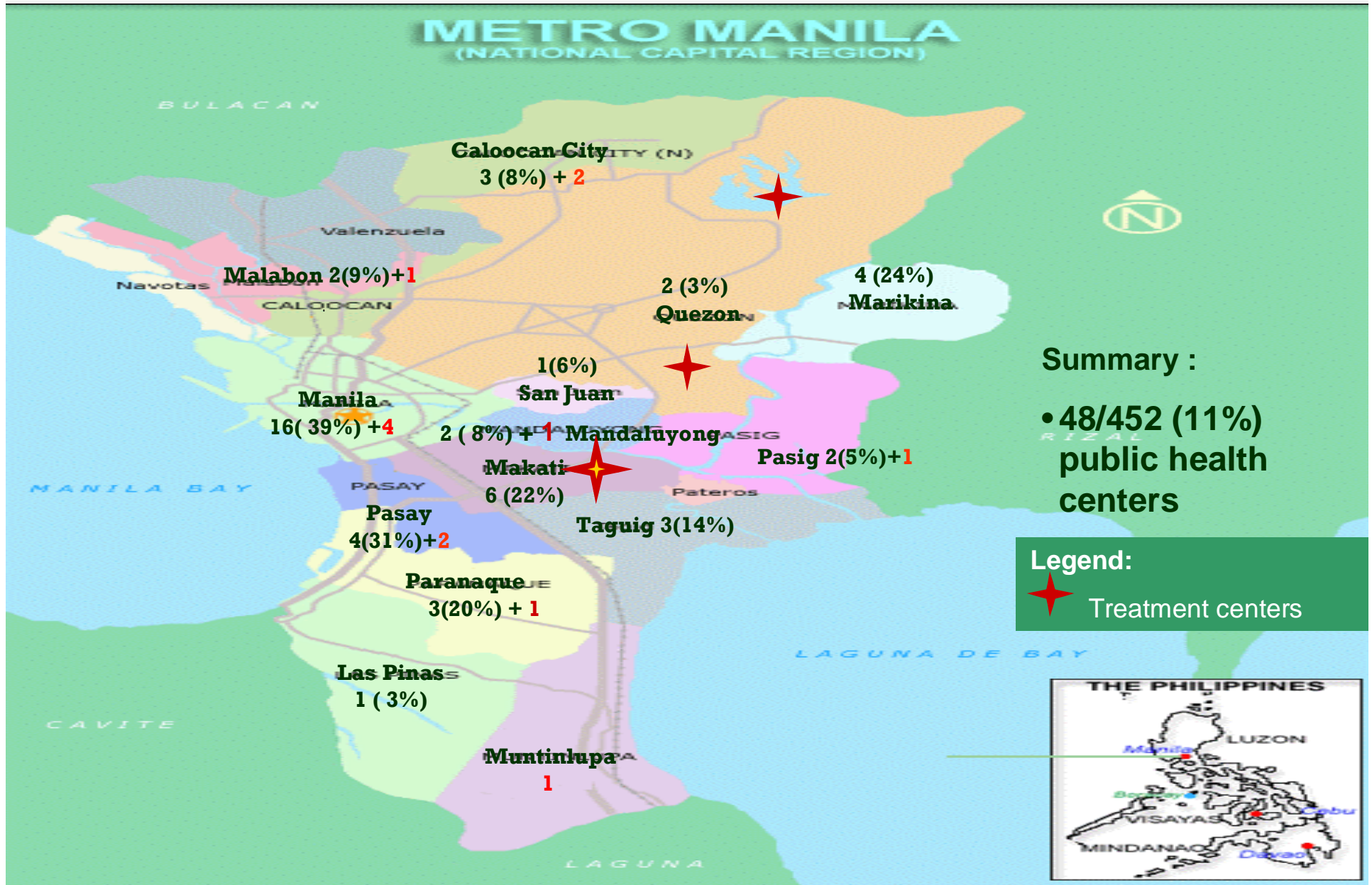
- Initial Scope and context – GLC Pilot Project
- Privately Initiated DOTS Unit at MMC as the starting point
  - “*DOTS (+) Project at MMC*”
- 75% referrals from: Private practitioners
- PPMD: need to harness PPs into DOTS
- Laboratory capacity for culture and DST
- 2<sup>nd</sup> line drugs need to be secured and assured
- Sustainability - impending concern

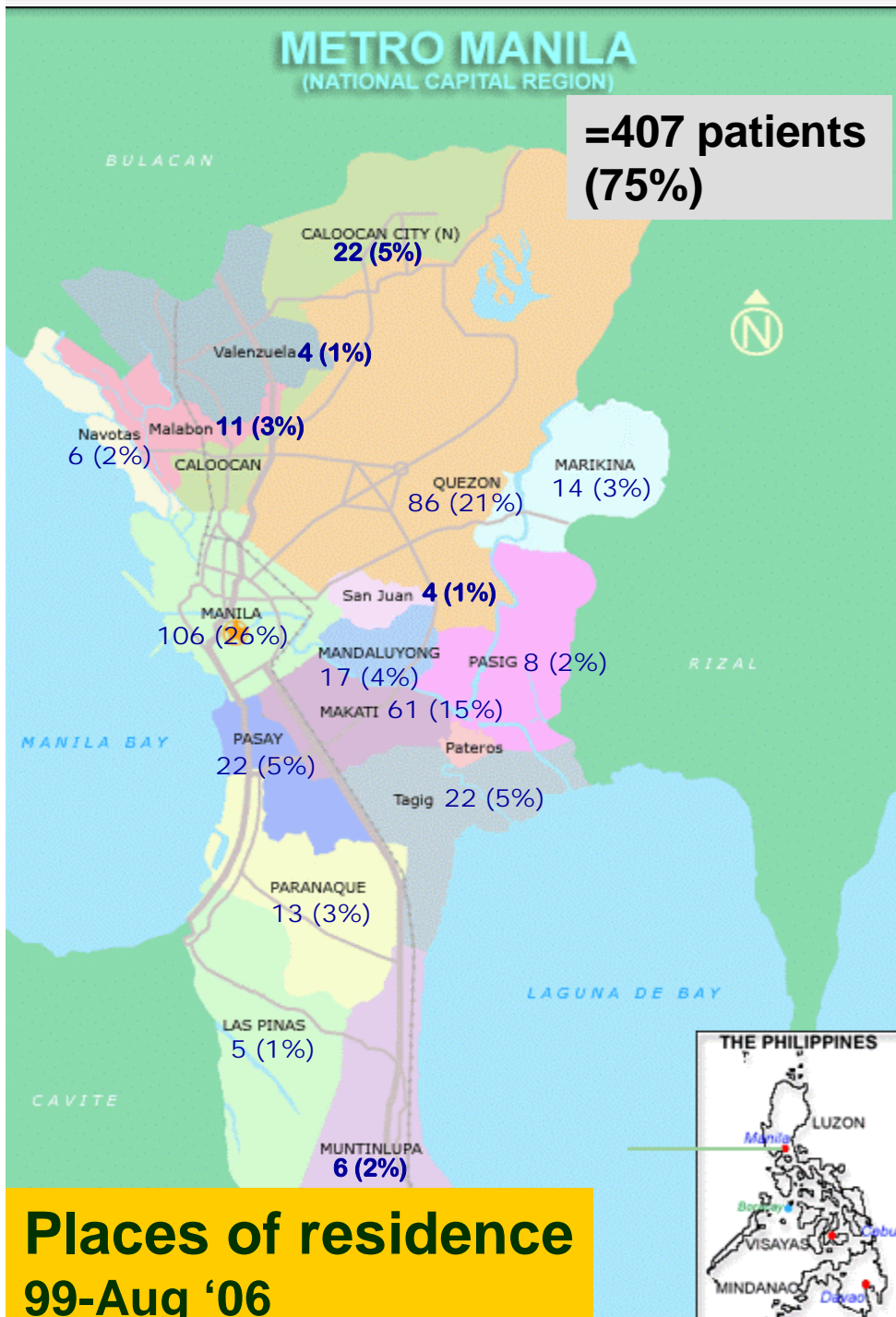
# Stages of PMTM in the Philippines

## Stage of Mainstream:

- Integration of DOTS(+) into the public DOTS
- Stepwise implementation
- “*LCP DOTS (+) Project*” - public counterpart
- - in-house services
- Referrals from both public and private MDs
- Community-based approach: Decentralize to public health centers with participation from community volunteers
- Absorptive Capacity – prevailing concern

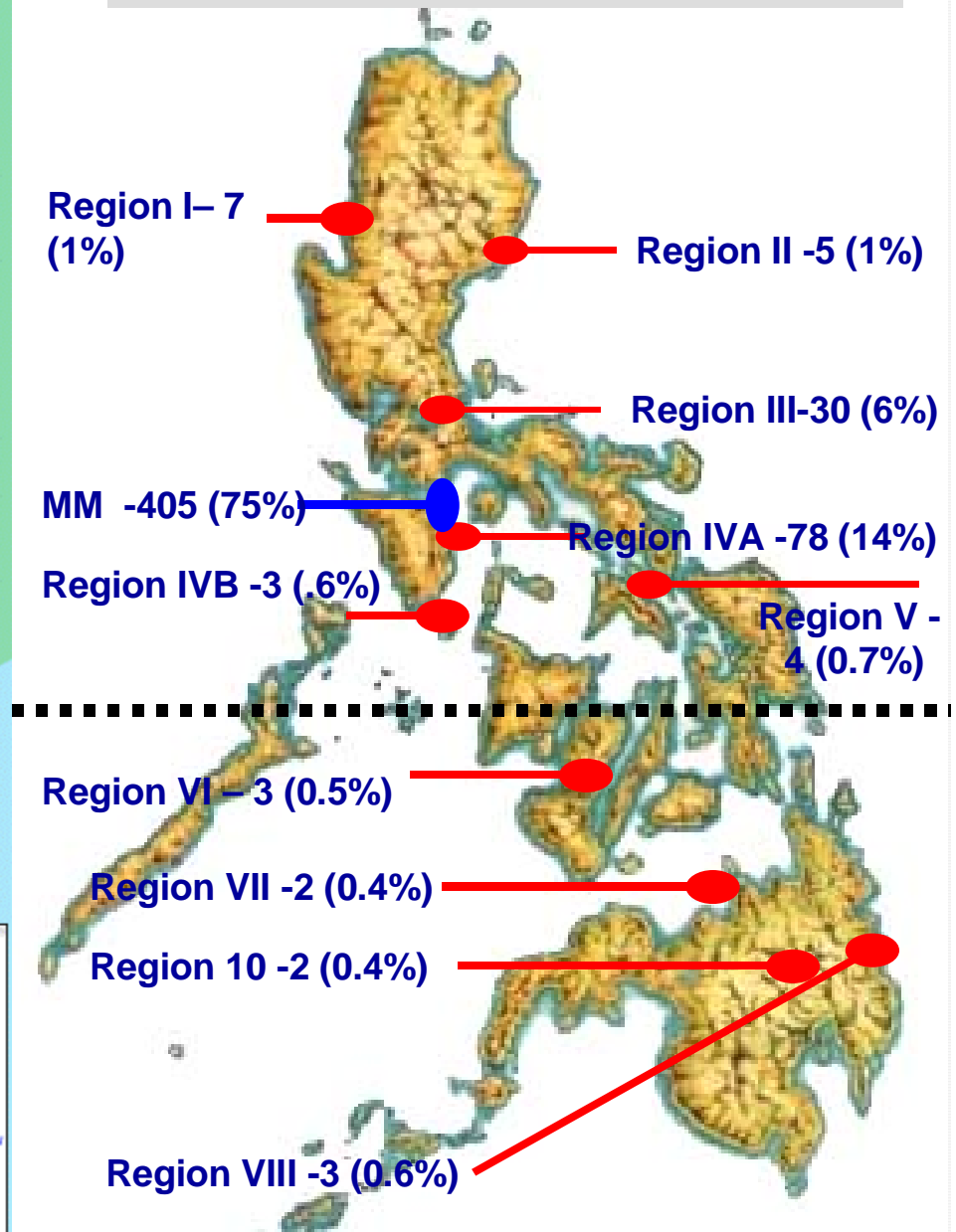
# Decentralized MDR-TB services in Metro Manila (DOTS facilities participating in MDR-TB management)





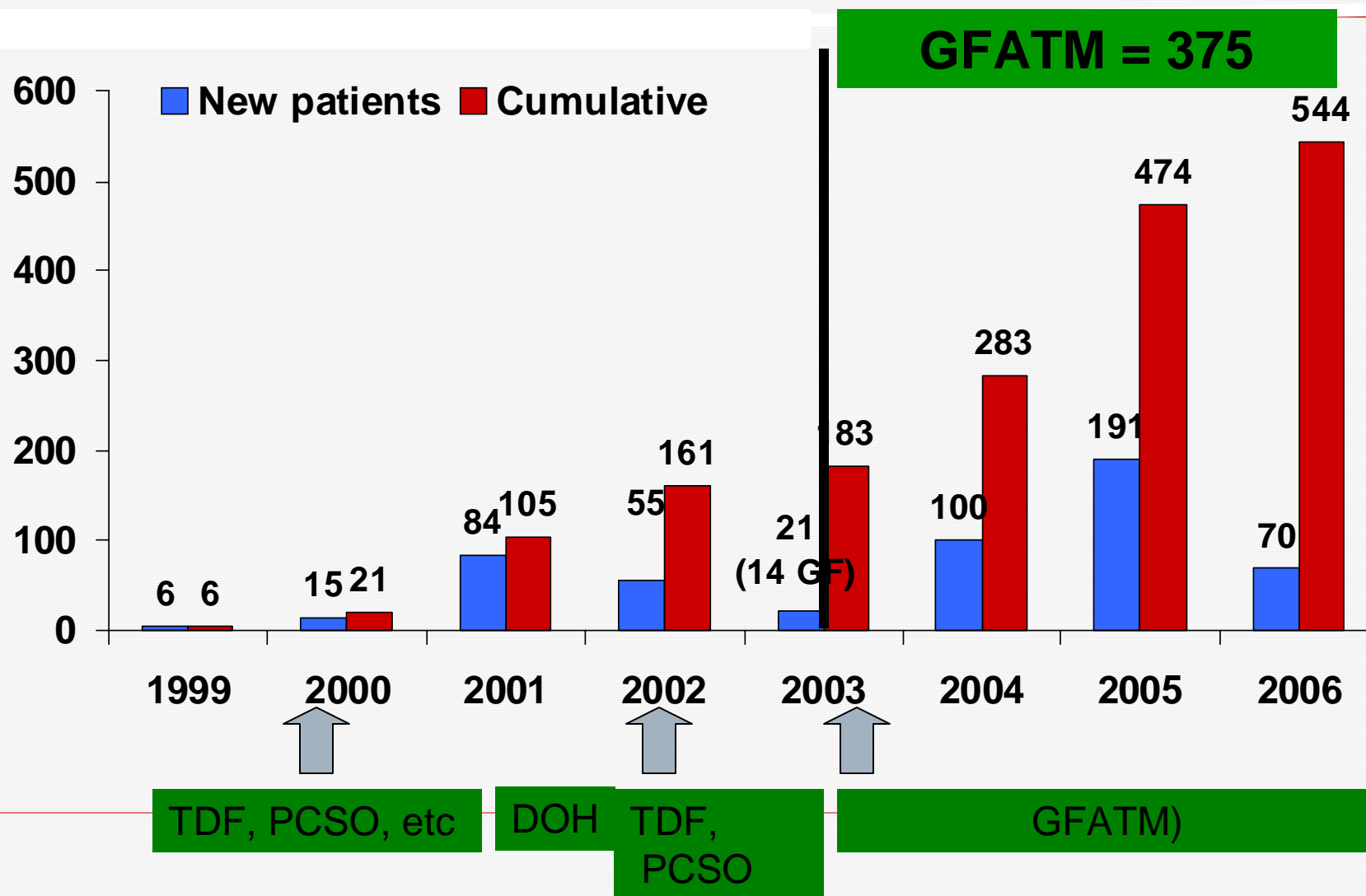
## MDR-TB, Philippines

**Outside Metro Manila = 137 (25%)**



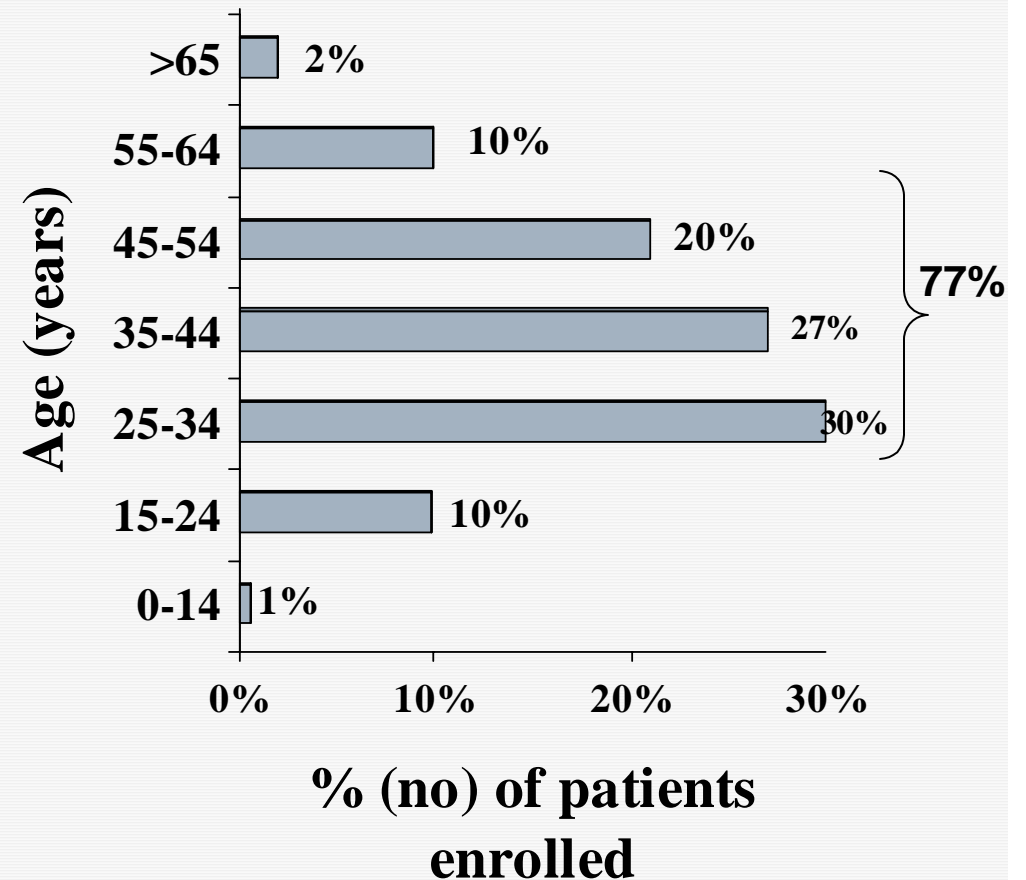
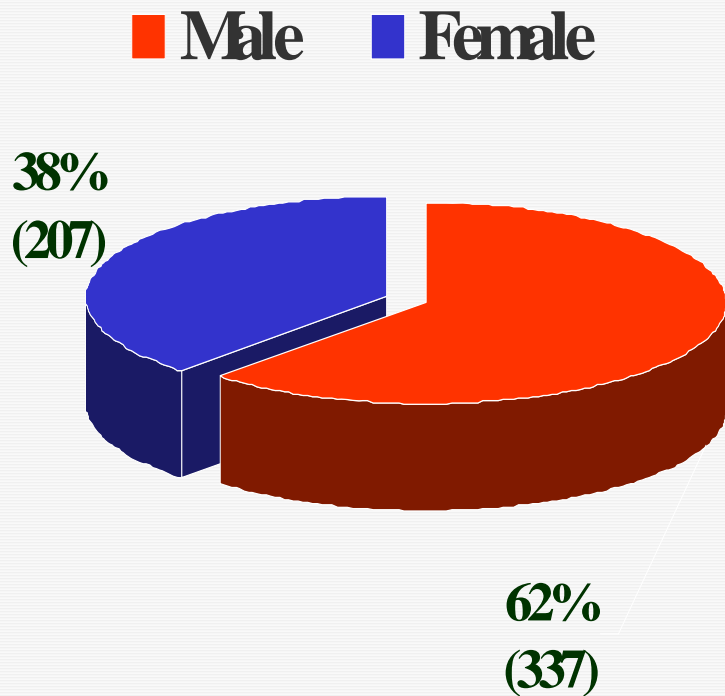
# CURRENT: GFATM support (Rd 2)

MDRTB Patient accrual '99- Aug '06 N=544



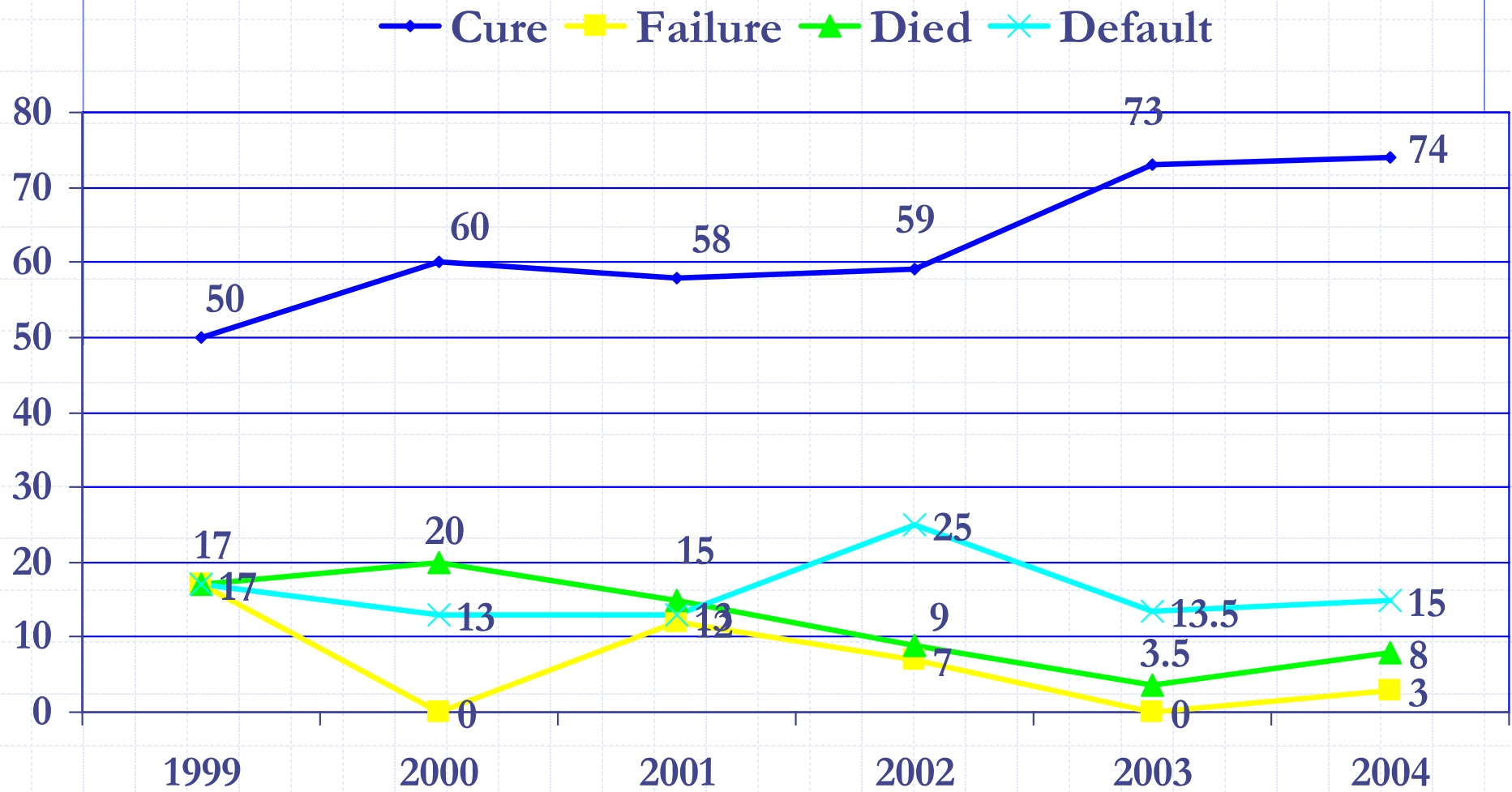
# Demographics: sex and age

n=544 (Apr '99- Aug '06)



# Cohort Outcome 1999-2004

n=281



# Treatment outcome of MDRTB patients: '99- '04

Years	1999 36 m	2000 36 mo	2001 36 mo	2002 36 mo	2003 24 mo	2004 24 mo (partial)*
<b>Outcome</b>	6	15	84	56	22	98
<b>Cure</b>	3 (50%)	9 (60%)	49 (58%)	33 (59%)	16 (73%)	71 (74%)
<b>Completed</b>	0	1 (7%)	0	0	0	0
<b>Default</b>	1 (17%)	2 (13%)	11 (13 %)	14 (25%)	3 (13.5%)	15 (15%)
<b>Died</b>	1 (17%)	3 (20%)	13 (15%)	5 (9%)	3 (13.5%)	8 (8%)
<b>Failure</b>	1 (17%)	0	10 (12%)	4 (7%)	0	3 (3%)
<b>Transout</b>	0	0	1 (1 %)	0	0	0

\* 2 ongoing

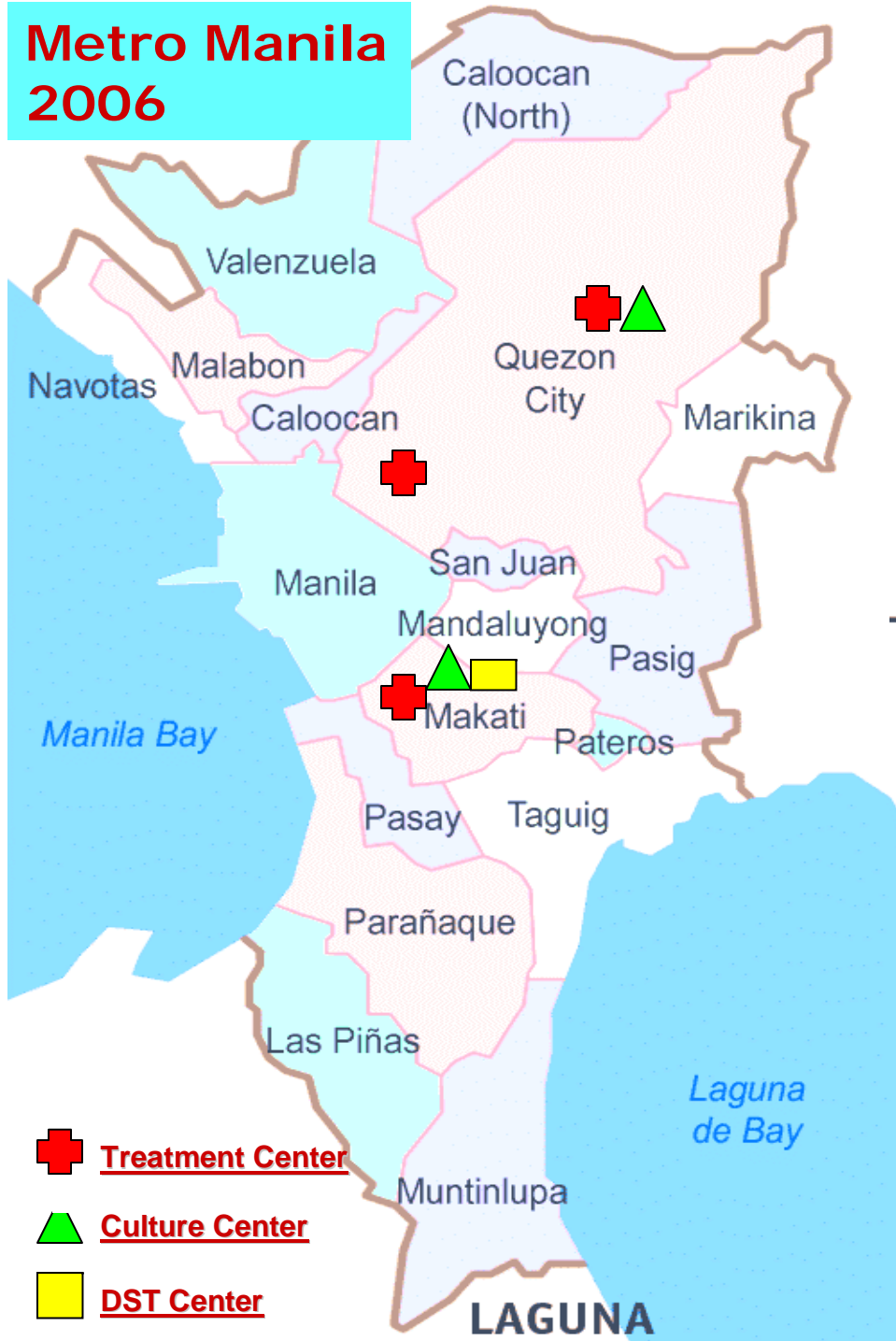
MDR-TB, Philippines

# Stages of PMTM in the Philippines

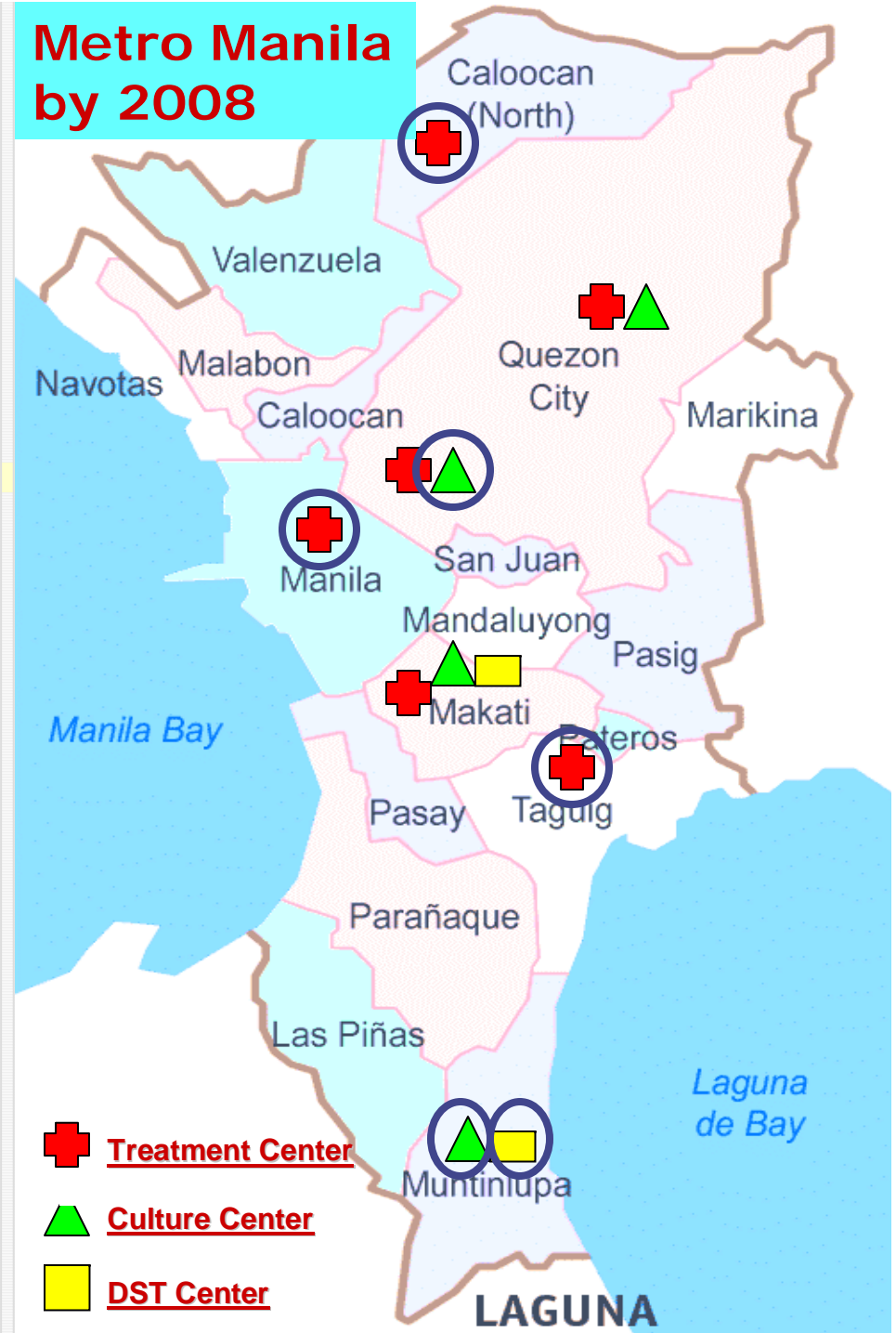
## Stage of Scale-up:

- Expansion of Project into Program (PMTM)
- Geographic expansion (*Region: Metro Manila*)
- Engaging more community-based facilities
  - *PPMD units (Public and Private-initiated)*
  - *Public DOTS Hospitals (District Hospitals)*
  - *Other Public Health Centers*
- More decentralized approach - realistic, viable
- Added complexity and financial demand

## Metro Manila 2006

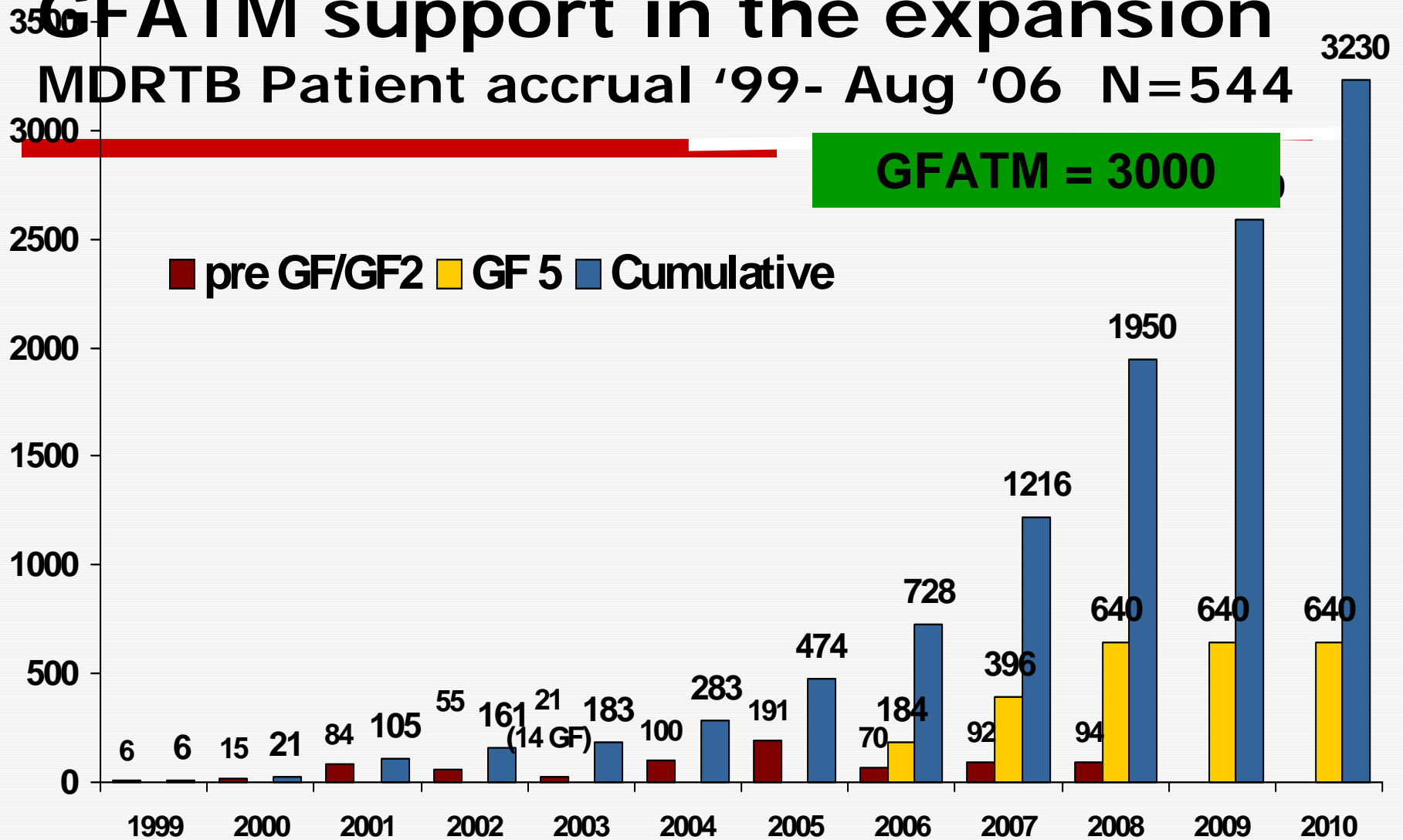


## Metro Manila by 2008



# GFATM support in the expansion

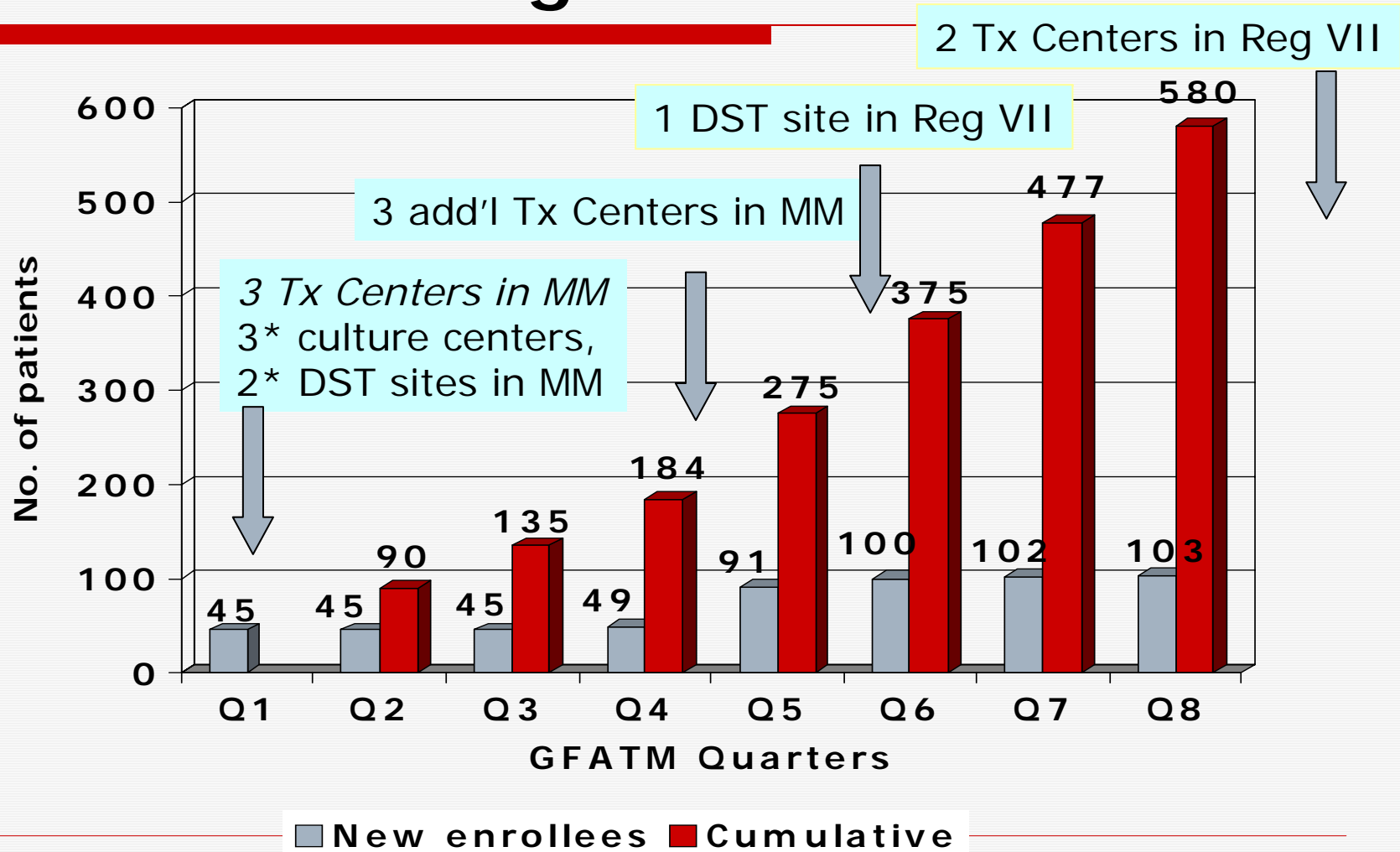
MDRTB Patient accrual '99- Aug '06 N=544



TDF, PCSO, DOH
GFATM

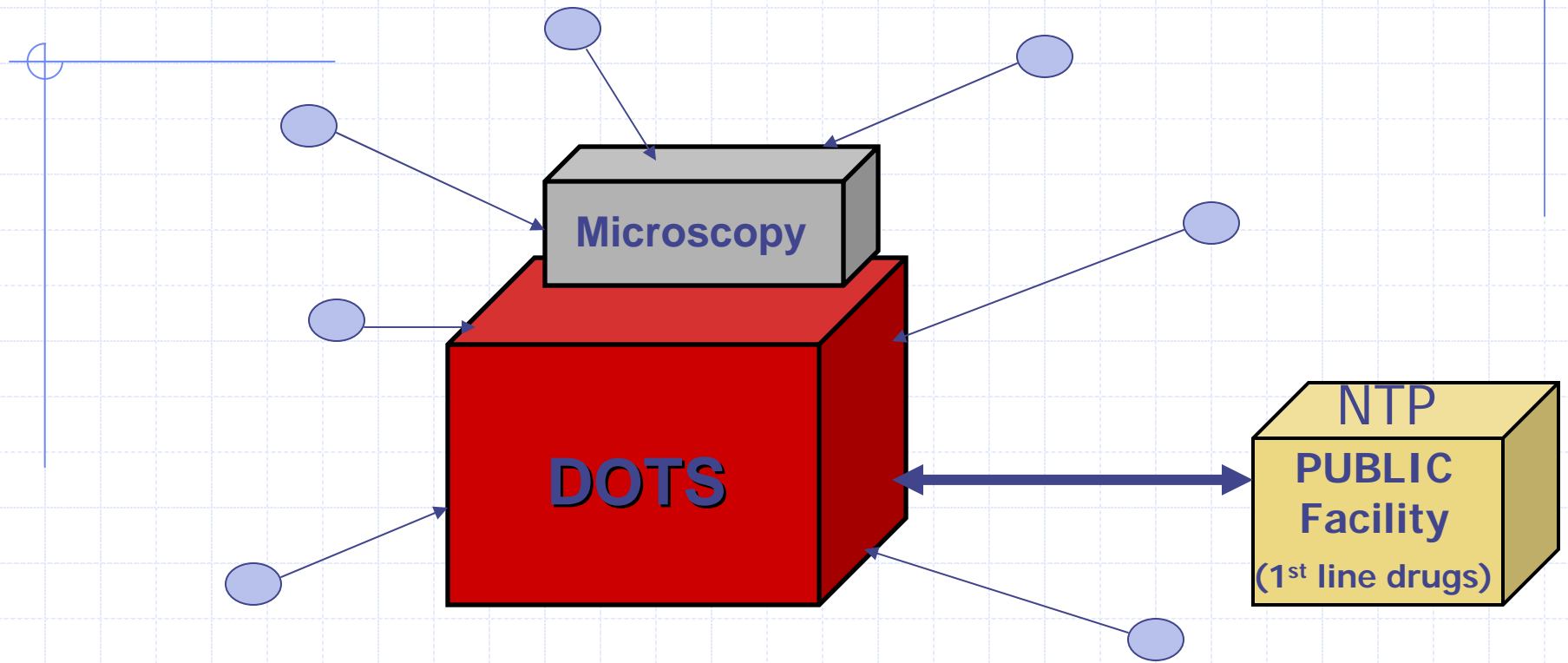
R2 Mainstream
R5 Scale-up

# Gradual expansion from Metro Manila to Region VII – Phase 1

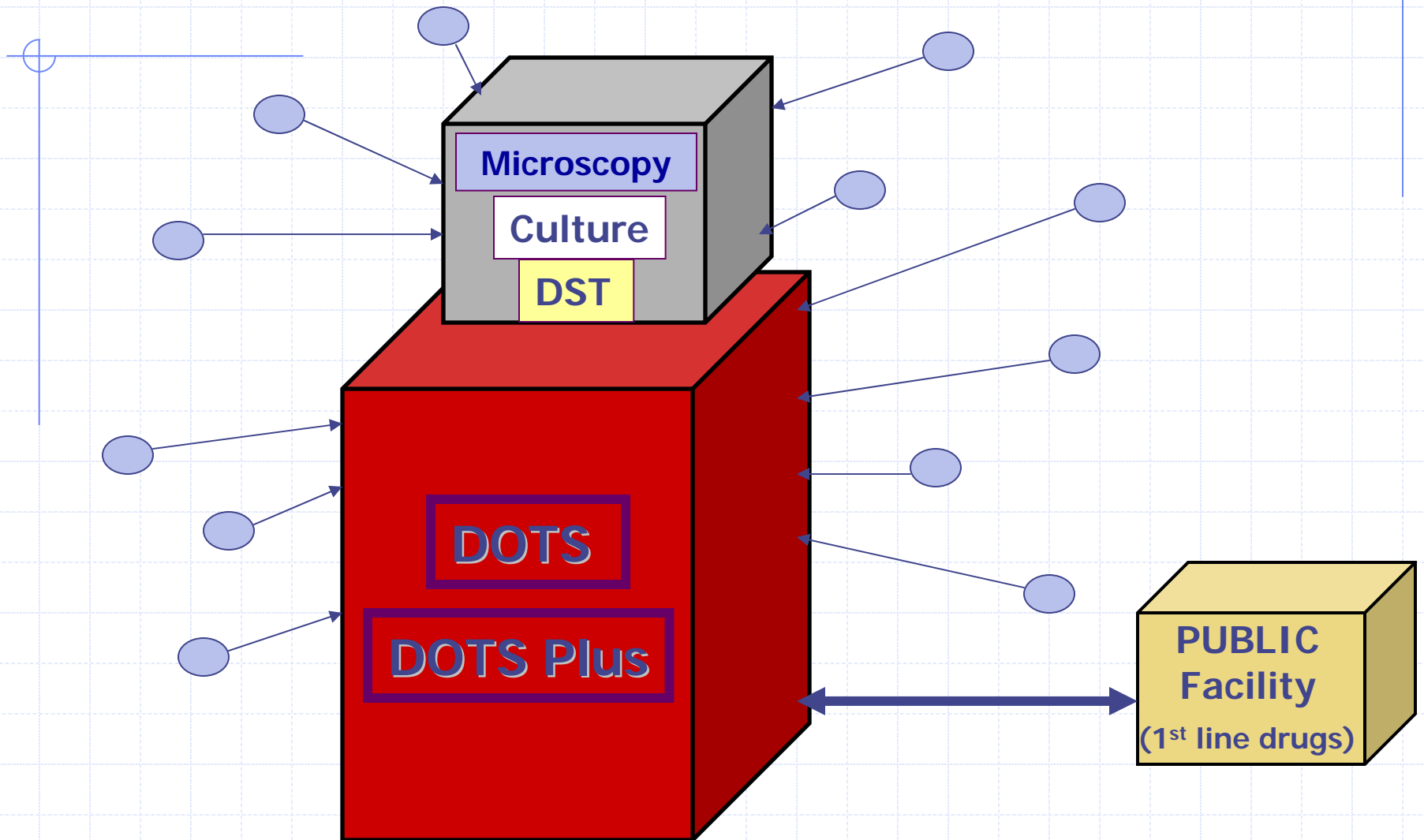


\*Includes TDF lab, MMC Clinic, KASAKA and LCP

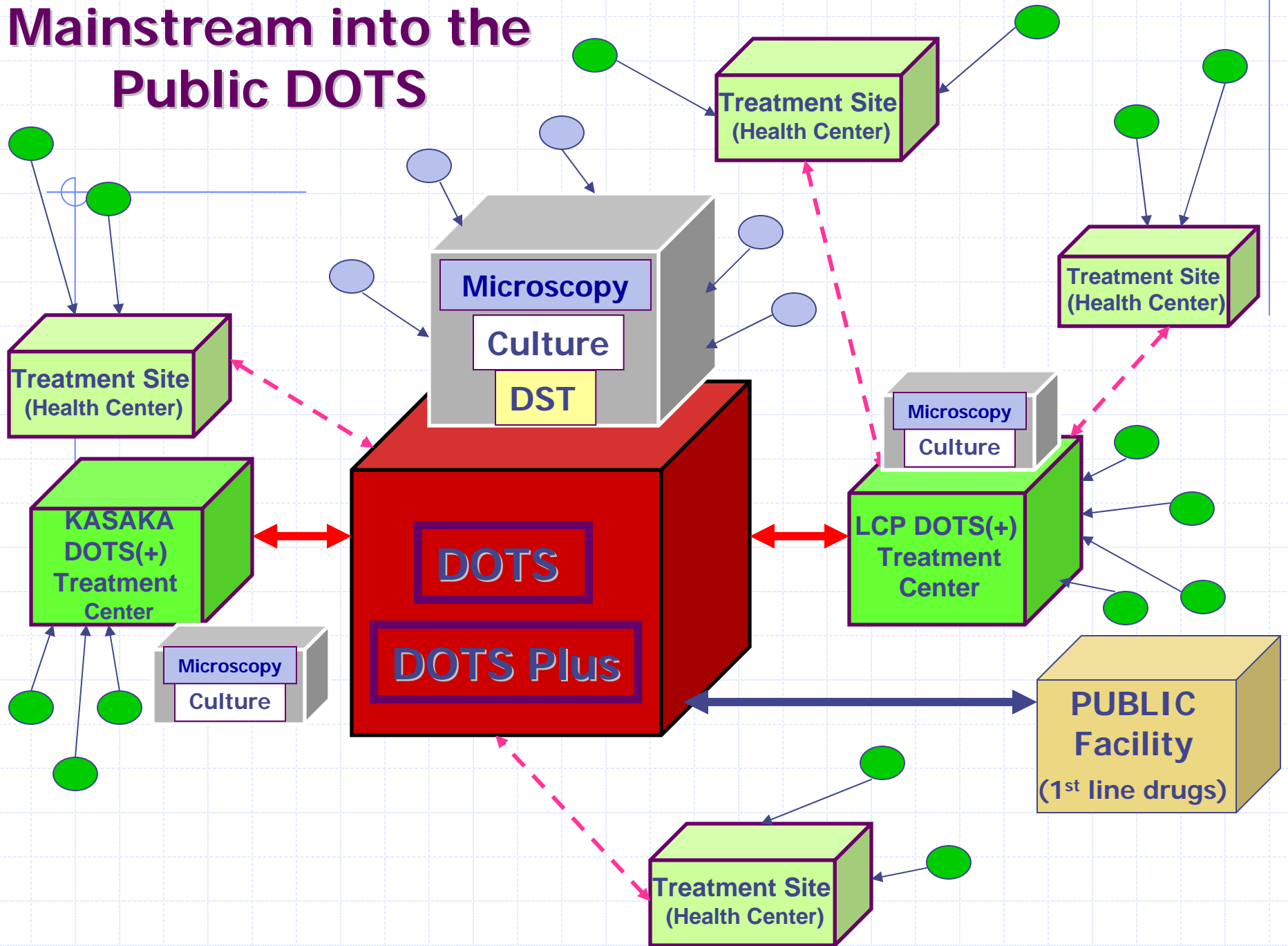
# PPMD Unit at MMC (Privately-Initiated)

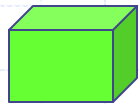


# Evolution of a PPMD Unit into a DOTS-Plus unit

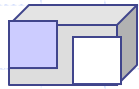


# Mainstream into the Public DOTS

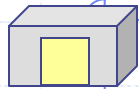




8 Treatment Centers



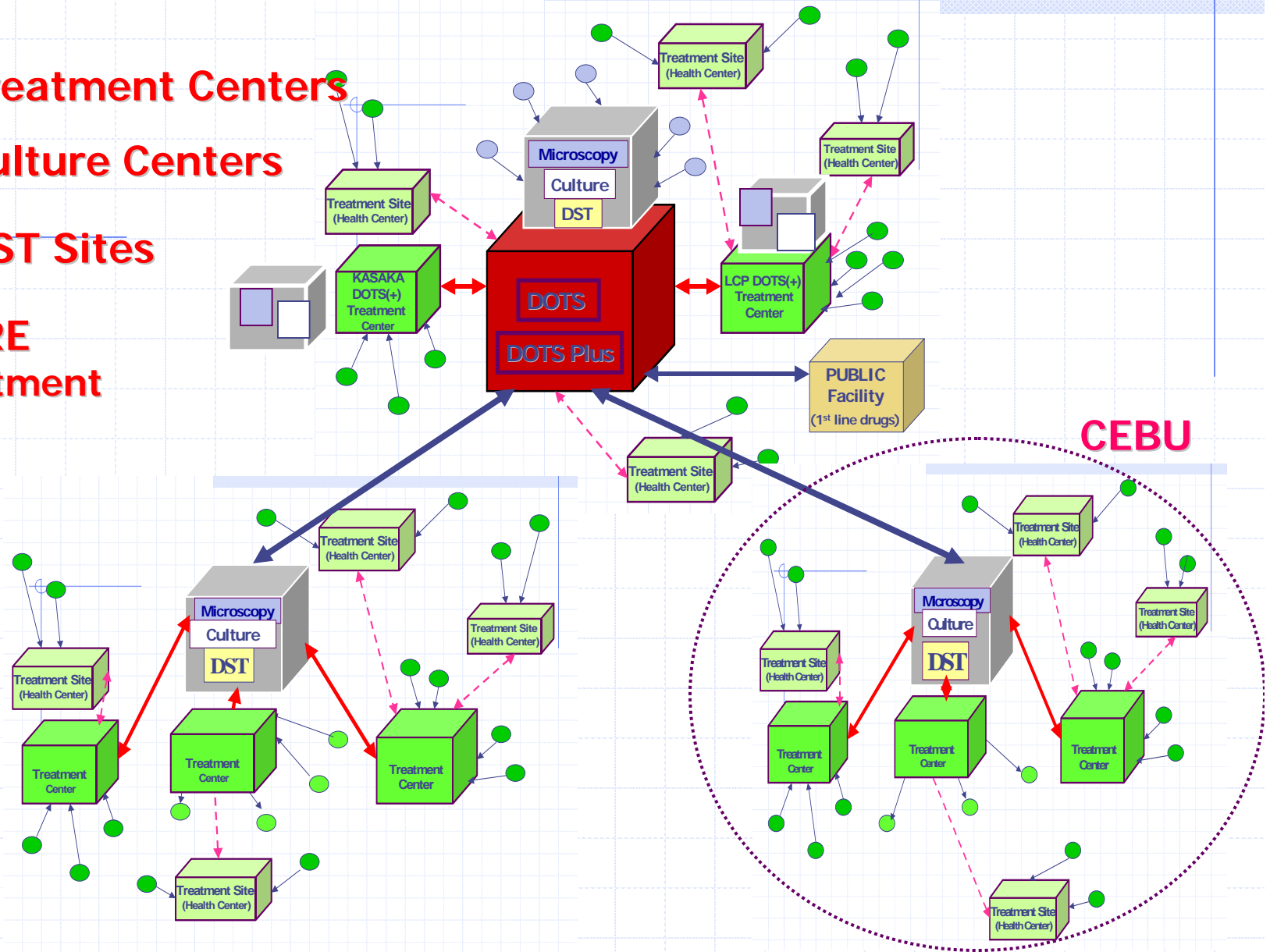
4 Culture Centers



3 DST Sites



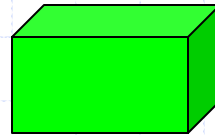
MORE Treatment Sites



# The Scale-up

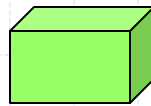
# Types of PMTM Facilities

## Treatment Centers:



- more than 10 patients being treated at a time
- more comprehensive/specialized management  
(*e.g. LCP, KASAKA-QI*)

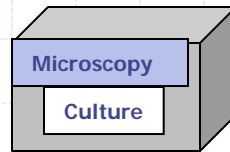
## Treatment Sites:



- fewer patients (<10) being treated at a time
- represented by public health centers, PPMDs  
other public facilities, faith-based DOTS units

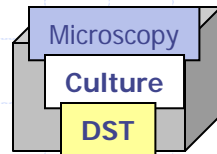
# Types of PMTM Facilities

## Culture Centers:



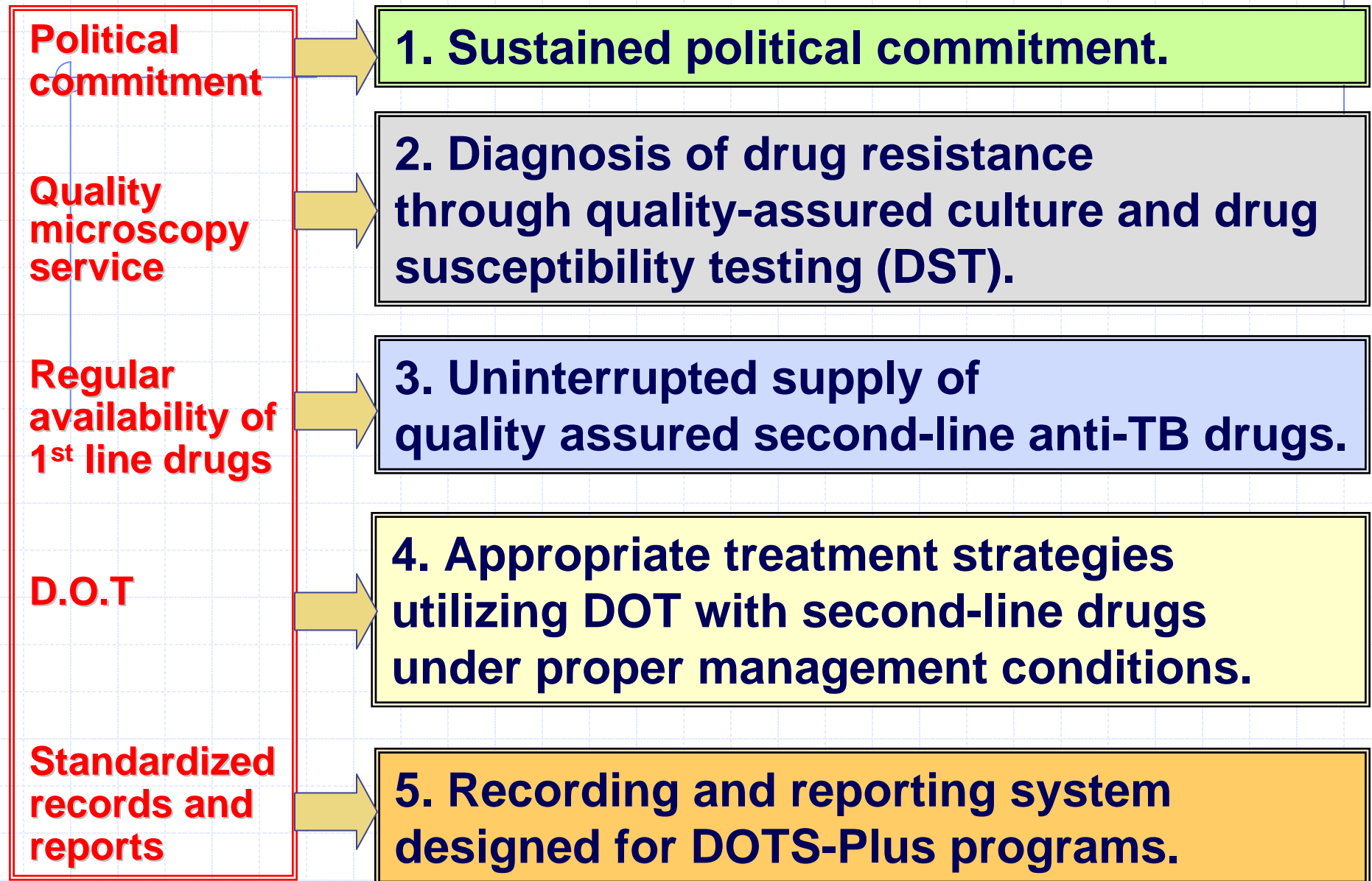
- perform culture services, NTRL supervises EQA
- broader catchment areas
- those identified under the DRS *e.g. Cebu Ref. Lab.*

## DST Sites:



- perform DST, NTRL oversees quality of culture and microscopy
- fewer but strategically located (2 Manila, 1 Cebu)
- under the supervision of supranational laboratory

# DOTS is *STILL* the OVERARCHING FRAMEWORK



# Steps and Requirements for the SCALE-UP

## ◆ Environmental scanning

- \* *Existing resources and capacities - DRS*
- \* *For strategic selection of expansion sites*

## ◆ Advocacy to ensure political commitment

- \* *Memorandum of Understanding (MOU)*

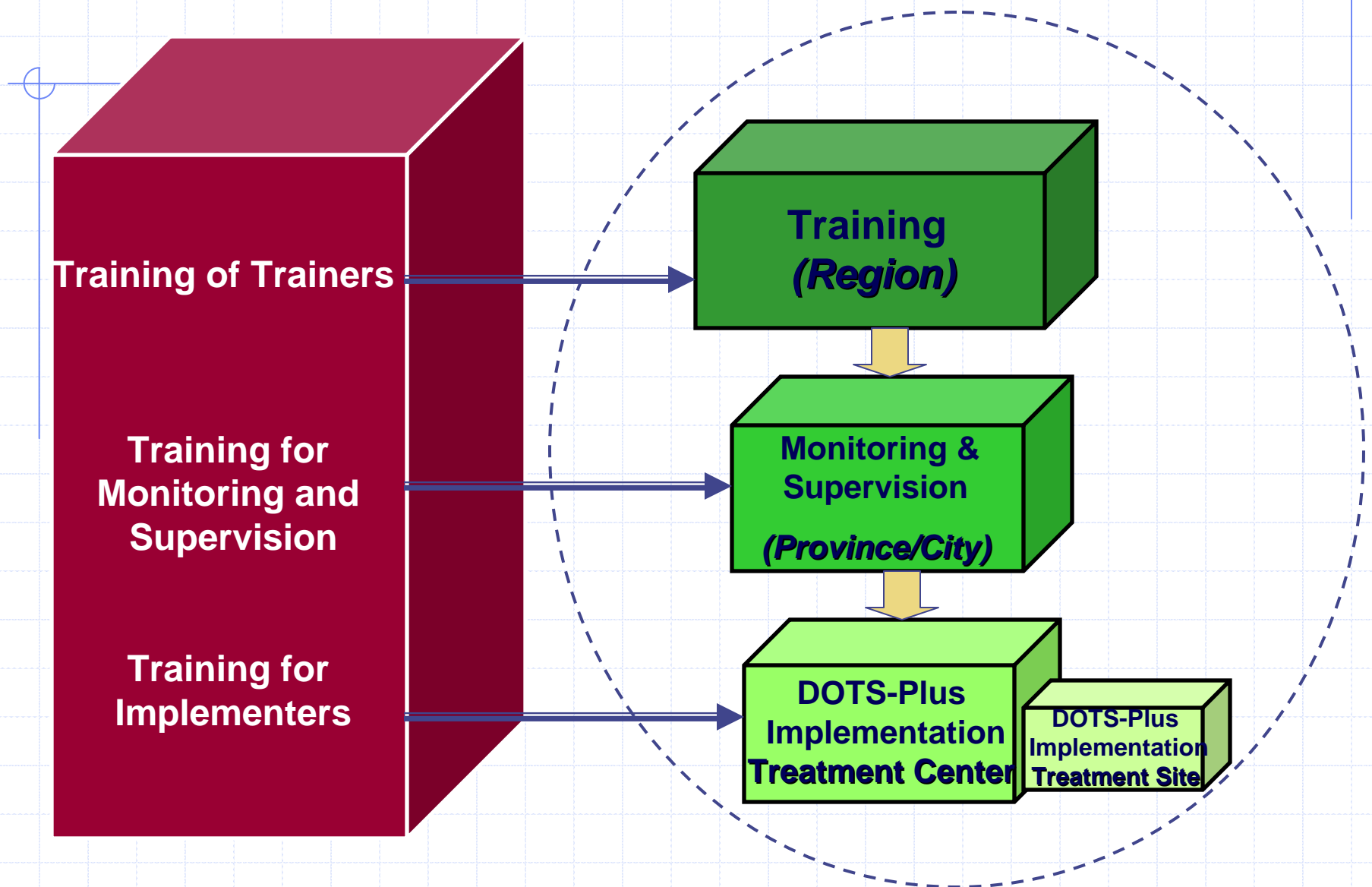
## ◆ Create essential organizational structures

- \* *PMTM Task Force, PMTM Consillium, Lab. SubCommittee*

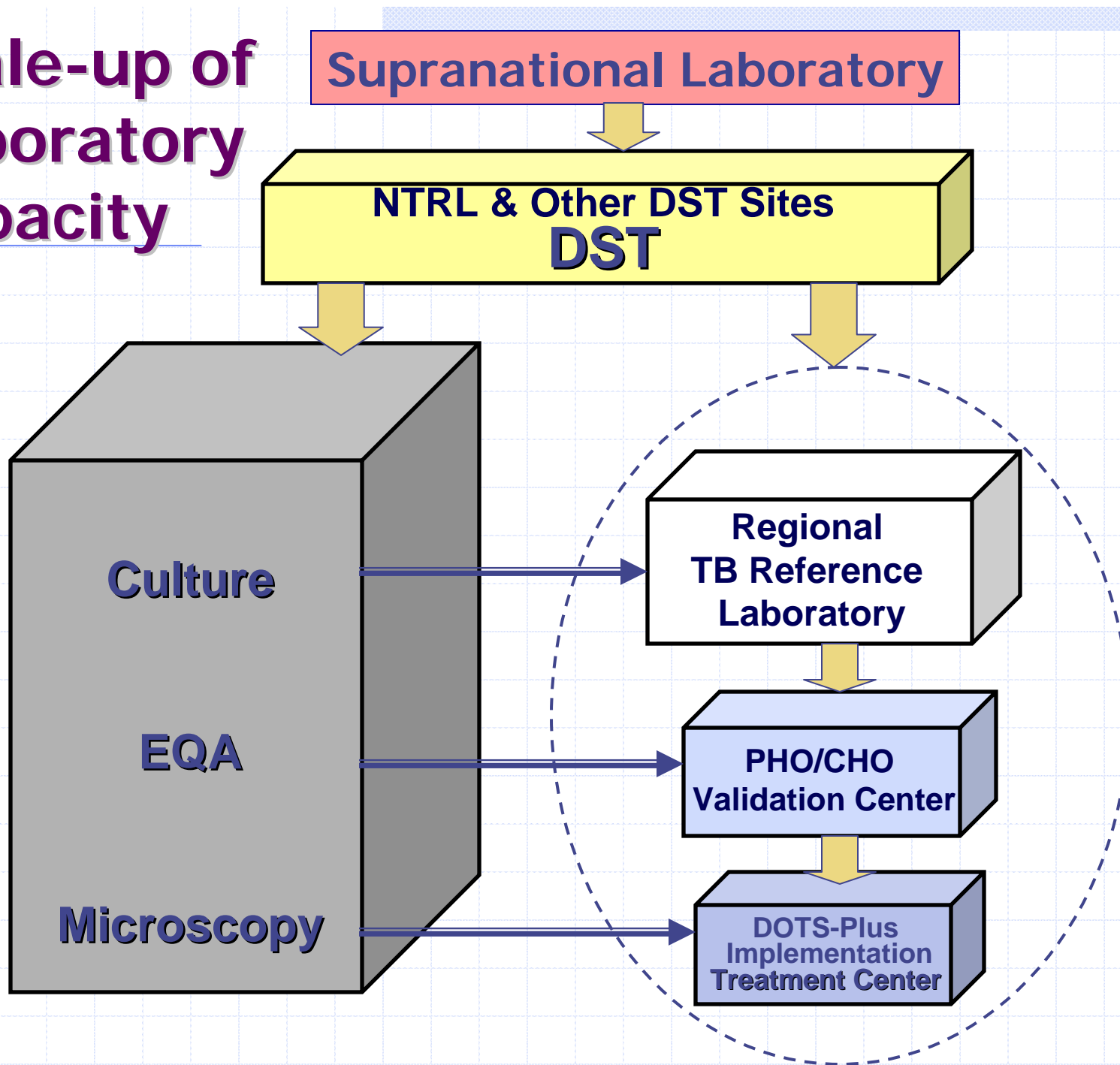
# Steps and Requirements for the SCALE-UP

- ◆ Policies, guidelines, standards development
- ◆ Human resource development
  - \* *Task Analysis*
  - \* *Standardized training materials*
- ◆ Network of lab services and other diagnostics
  - \* *Microscopy, EQA, Culture and DST*
  - \* *Chest X-ray with TBDC participation*

# HRH Capacity-Building



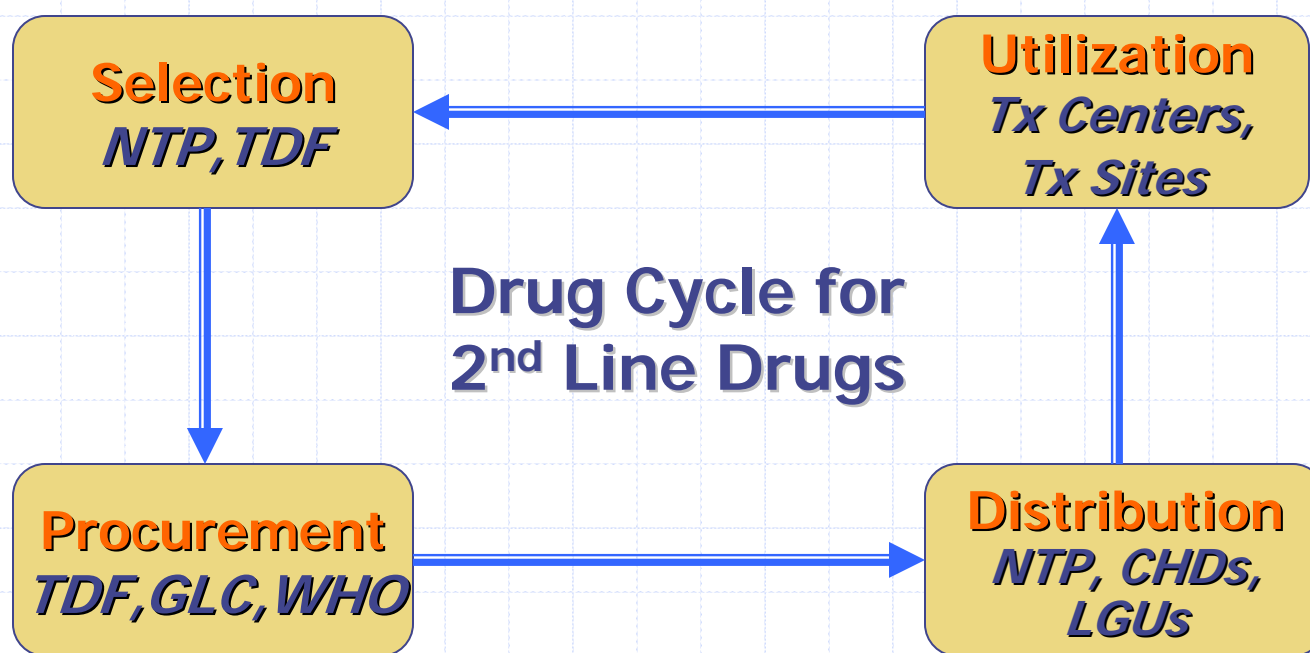
# Scale-up of Laboratory Capacity



# Steps and Requirements for the SCALE-UP

## ◆ Logistics management:

*\* 2<sup>nd</sup> line drugs, 1<sup>st</sup> line drugs and drugs for adverse reactions*



# Steps and Requirements for the SCALE-UP

◆ Community involvement to facilitate a decentralized approach

\* *Treatment Centers*

\* *Treatment Sites*

◆ **Public-Private Partnership** - engaging PPMD units.

*Private physicians need to be harnessed to the DOTS strategy to prevent them from proliferating MDRTB.*

# Steps and Requirements for the SCALE-UP

- ◆ Standardized information/data system
  - \* *Records and Reports*
- ◆ Monitoring, Supervision and Evaluation
  - \* *Internal MSE*
  - \* *External MSE - GLC*

# Steps and Requirements for the SCALE-UP

## ◆ Access potential agencies for support

Government (*National and Local*)

Non-Government Agencies, Private sector

External Assistance (Technical and Financial)

*GFATM, USAID, WHO, Others*

## ◆ Address the 5 dimensions of sustainability:

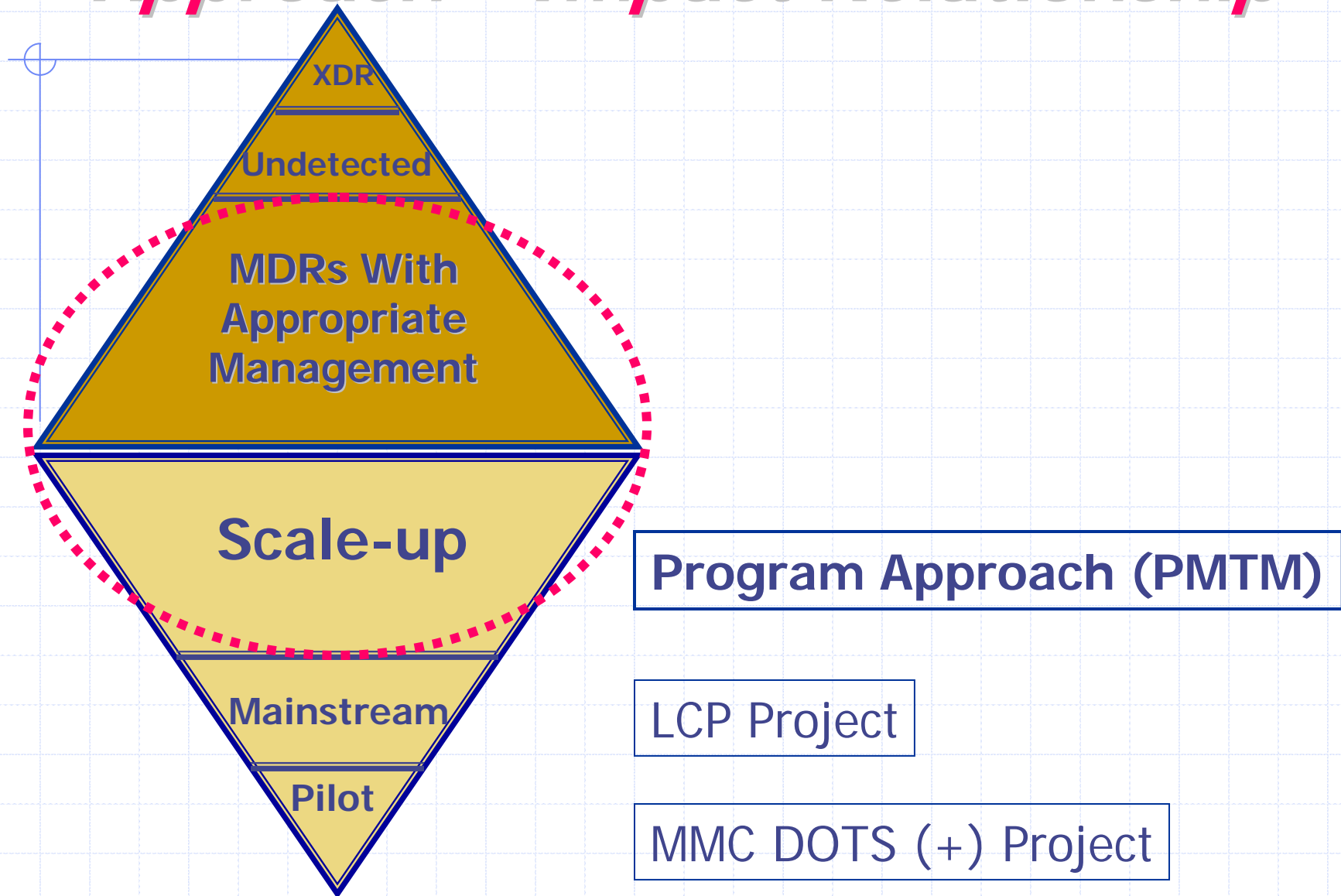
*Political \* Technological \* Sociocultural \* Economic/Financial*



***Institutional***

# MDR Cases and Scaling-up

## *Approach – Impact Relationship*



The image features a light blue grid background. At the top, there is a solid blue horizontal bar. On the left side, there is a blue corner graphic consisting of a vertical line, a horizontal line, and a small circle at their intersection. The text "THANK YOU" is centered in a bold, dark blue font with a slight drop shadow.

**THANK YOU**