



Tupasi, TE, “Determining the MDR-TB training needs in a high-burden country,”
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Background: Programmatic MDR-TB management (PMTM) in the Philippines was privately initiated by the Tropical Disease Foundation (TDF) in the DOTS Clinic at Makati Medical Center (MMC), a private public Mix DOTS, and was the first Green Light Committee-approved project in August 2000.

Heirarchy, agency	Competency required
PMTM Implementation	
Central Level	
National Tuberculosis Program	Policy Development
Infectious Disease Office	Supervision
National Centers for Disease Control and Prevention	Monitoring and evaluation
Department of Health	Training of implementing HCW’s
	Drug procurement and distribution
Regional Level	
Centers for Health Development	Monitoring supervision
Department of Health	Training of implementing HCW’s
	Reporting
	Drug distribution
Peripheral Level	
Provincial or City Health Office	Monitoring and supervision

Local Government Units	Reporting
	Drug distribution
PMTM Treatment Centers	Case management and DOT
DOTS and PPMD	Management and referral of adverse events
	Default tracing
	Recording and reporting
	Drug forecasting, storage and inventory
PMTM Treatment Sites	DOT
Community treatment partners	Management and referral of adverse events
	Default tracing
	Recording
	Drug storage and inventory

Laboratory Network

Level III

National TB Reference Laboratory	Drug Sensitivity Test
Research Institute for Tropical Medicine	Quality assurance of culture and microscopy centers
Department of Health	SNRL assured drug sensitivity test
Tropical Disease Foundation	Recording and reporting
TB Laboratory	

Level II

Regional Culture Centers	Quality assured cultures
Tropical Disease Foundation	Recording and reporting
TB Laboratory and other private and academic culture centers	

Level I

Microscopy Centers

Microscopy

Barangay Health Centers

Recording and reporting

Local Government Units

PPMD Microscopy Centers

Objective: To describe the training needs for mainstreaming PMTM into the National TB Program (NTP).

Methods: Task analysis in implementing PMTM was initially carried out. A series of consultations with the public health care workers (HCW's) of the NTP in all levels, including the National TB Reference Laboratory was undertaken to discuss the training needs for PMTM. Training modules were developed based on the objectives for the training required and the task analysis.

Results: Training is required of HCWs at 1) central and regional levels for policy development, supervision and monitoring, drug management; 2) in treatment centers for case management including management of adverse events; 3) in treatment sites including community treatment partners on directly observed therapy (DOT), managing and identifying adverse events requiring referral to higher level facilities, and tracing of treatment interrupters or defaulters. A three-level laboratory network comprising microscopy centers at Level I, culture centers at level II, and drug sensitivity testing (DST) at level III with their appropriate training needs was defined (Table). A training center responsible for human resource development has been recommended as a role that the TDF could play in the spirit of private-public collaboration.

Conclusion: The lack of expertise and appropriate human resources is a barrier to scale up in order to increase absorptive capacity for MDR-TB management.