



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

August 29, 2017

DEPARTMENT MEMORANDUM

No. 2017 - 0362

FOR: SECRETARY OF HEALTH OF AUTONOMOUS REGION IN MUSLIM MINDANAO, ALL DOH REGIONAL DIRECTORS, AND DIRECTORS OF HOSPITALS WITH PMDT TREATMENT FACILITY

SUBJECT: Creation of the National and Regional TB Medical Advisory Committees for the Programmatic Management of Drug-Resistant TB (PMDT)

To facilitate effective and efficient management of Drug Resistant-TB (DR-TB) patients and difficult-to-treat DR-TB, it is necessary to organize a National and Regional TB Medical Advisory Committee (TB MAC). The TB MAC shall ensure appropriate clinical and public health management, based on the NTP policies and guidelines, that is in accordance with international standards and cognizant of expert opinions.

In 2005, a specialized team called Consilium was created to confirm diagnosis, determine treatment regimens, assess response to treatment, and determine final outcome through a consensus using standards based on the WHO Guidelines for PMDT. This team is composed of program staff, physicians, nurses and other relevant health care workers with expertise on DR-TB management at the national level that meets weekly. With the expansion of DR-TB services nationwide, it was recommended by the regional Green Light Committee (rGLC) to decentralize the Consilium in Luzon, Visayas and Mindanao. New physicians were mentored to become Consilium Officers of the newly established Consilium in Luzon, Visayas and Mindanao. After nearly 5 years of operations of the Consilium in Luzon, Visayas and Mindanao as well as with the training on Clinical Management of DR-TB and expansion of DR-TB services, there is now a need to expand the Consilium in each region that will be supervised by the National TB Medical Advisory Committee (N-TB MAC).

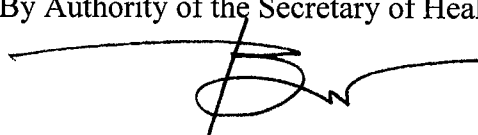
In this regard, all regional offices are hereby instructed to create a Regional TB Medical Advisory Committee (R-TB MAC) composed of 7 (seven) core members represented by physicians and nurses from PMDT treatment facilities, member from any subspecialty group and any of the members of the NTP core team of the DOH Regional Offices.

Attached is a copy of the TB Medical Advisory Committee Guidelines for guidance.

For questions and clarifications, please direct your concerns to **Dr. Mary Rosary Taguinod-Santiago**, PMDT Specialist at maryrosarytaguinod0@gmail.com or (02) 230-9626.

For compliance.

By Authority of the Secretary of Health:


GERARDO V. BAYUGO, MD, MPH, CESO III
Undersecretary of Health
Office for Technical Services

Annex TB Medical Advisory Committee Guidelines

TB Medical Advisory Committee (TB MAC)

I. Introduction:

In early 2000, access to service of drug-resistant tuberculosis (DR-TB) was centralized in the National Capital Region and management of each patients is discussed among 2-3 physicians and nurses who are giving direct patient care. When programmatic management of DR-TB services expanded in additional sites in Metro Manila in 2005, the Philippines created a specialized team called Consilium. The Consilium is a multi-disciplinary case management committee composed of program staff, physicians, nurses and other relevant health care workers with expertise on DR-TB management. This committee meets regularly to confirm the diagnosis, determine treatment regimens, assess response to treatment, and determine final outcome through a consensus using standards based on the WHO Guidelines for Programmatic Management of Drug-resistant TB.³⁵ With further expansion to different regions in the country and with the increase in the number of cases being presented, it was recommended by the Regional Green Light Committee (rGLC) in 2012 to decentralize the Consilium in each regions³⁶. In response to the recommendation, new physicians were mentored and became Consilium Officers. Each PMDT treatment facility was grouped according to geography (3 main island groups and NCR (National)) and two Consilium Officers were assigned for each main group. The subgroup was called Regional Consilium. Initially, the meetings were face to face, but due to geographical and logistic challenges, cases and recommendations were sent via email and no real time discussion of cases were done. The increase in the number of cases sent via email became a burden to the Consilium Officers, thus, there were referrals that were not properly reviewed and answered. Hence, it was recommended by the rGLC in 2014 that the National Consilium should regularly supervise Regional Consilium, and ensure that Consilium Officers of Regional Consilium are well trained in clinical management of drug-resistant TB ^{37,38}.

On March 23, 2016, the NTP issued Department Memorandum 2016-0133 "Integration of the Programmatic Management of Drug-resistant Tuberculosis (PMDT) Services into the Basic Directly Observe Treatment Short course (DOTS) Services in All Health Facilities". Through *iDOTS*, the health facilities shall diagnose, register and treat DR-TB patients within their catchment area. On January 1, 2017, the NTP adopted the programmatic implementation of Standard Short Treatment Regimen (SSTR) for rifampicin-resistant/multi drug-resistant TB (RR/MDR-TB). With this, there is a need to revisit the composition, function and roles of the Consilium. It is also decided by the NTP to rename the group and be called TB Medical Advisory Committee (TB MAC).

II. Objective:

TB MAC will provide technically sound and evidence-based recommendations to clinicians and health care providers who are managing patients with DR-TB and patients with difficult-to-treat DR-TB to achieve correct diagnosis and management, to prevent development of further drug resistance and further complications due to TB disease.

III. Committee Composition:

A. NATIONAL TB MAC (N-TB MAC)

The National TB MAC shall be composed of 7 core members represented by physicians and nurses from PMDT treatment facilities, member from any subspecialty group and any of the members of the NTP core team of the DOH Central Office. The clinicians shall focus on the holistic medical management of patient while the member coming from the NTP Central Office will specifically focus on the public health aspect of patient's management (i.e. availability of treatment partners in the community, treatment interruptions due to access to treatment). The N-TB MAC shall meet **at least once a month**. Special meeting maybe called by the chair.

The following positions shall be occupied by designated member of the committee and they will be responsible in creating the final recommendations for the regional cases presented.

Table 24. Position, Qualifications and Responsibilities of Each Member of the National TB Medical Advisory Committee

Position	Qualifications	Responsibilities
Chair He/She will be recommended by the DOH-NTP Central Office.	<ul style="list-style-type: none">• Trained in NTP-MOP and PMDT (Basic and Clinical Management Training)• Physician with at least 2 years-experience in managing DRTB according to NTP Protocol	<ul style="list-style-type: none">• Convenes and chairs the meetings• Finalizes and approves the recommendation agreed by the group• Ensures that National TB MAC meeting is regularly conducted with proper quorum
Co-Chair He/She will be designated by the Chair.	<ul style="list-style-type: none">• Trained in NTP-MOP and PMDT (Basic and Clinical Management Training)• Physician with 2 years-experience in	<ul style="list-style-type: none">• Performs the duty of the Chair in his/her absence.

	managing DRTB according to NTP Protocol	
Members: <ul style="list-style-type: none"> • PMDT treatment facility physician • PMDT treatment facility nurse • Representative from any medical subspecialty • Representative from NTP-Central Office 	<ul style="list-style-type: none"> • Trained in NTP-MOP and PMDT 	<ul style="list-style-type: none"> • Assists in providing evidences and sound recommendations in managing the cases presented
Secretariat He/She will be designated by the Chair.	<ul style="list-style-type: none"> • Preferably a PMDT treatment facility nurse • Trained in NTP-MOP and PMDT 	<ul style="list-style-type: none"> • Informs all members about the schedule of TB MAC meeting • Coordinates with N-TB MAC Chair on cases to be presented • Organizes and schedules meeting • Files all documents

The Committee may invite other participants from PMDT treatment facilities and other specialists and stakeholders to attend the meeting as observers or resource person/s.

B. REGIONAL TB MAC (R-TB MAC)

The R-TB MAC shall be composed of 7 core members represented by physicians and nurses from PMDT treatment facilities, member from any subspecialty group and any of the members of the NTP core team of the DOH Regional Offices. The clinicians will focus on the holistic medical management of patient while the member coming from the DOH-RO shall specifically focus on the public health aspect of patient's management. The R-TB MAC shall meet **at least twice a month**.

The following positions will be occupied by designated member of the committee and they shall be responsible in creating the final recommendations for the regional cases presented.

Table 25. Position, Qualifications and Responsibilities of Each Member of the Regional TB Medical Advisory Committee

Position	Qualifications	Responsibilities
<p>Chair He/She will be recommended by the DOH-NTP Central Office.</p>	<ul style="list-style-type: none"> • Trained in NTP-MOP and PMDT (Basic and Clinical Management Training) • Physician with at least 2 years-experience in managing DRTB according to NTP Protocol 	<ul style="list-style-type: none"> • Convenes and chairs the meetings • Finalizes and approves the recommendation agreed by the group • Ensures that Regional TB MAC meeting is regularly conducted with proper quorum
<p>Co-Chair He/She will be designated by the Chair.</p>	<ul style="list-style-type: none"> • Trained in NTP-MOP and PMDT (Basic and Clinical Management Training) • Physician with 2 years-experience in managing DRTB according to NTP Protocol 	<ul style="list-style-type: none"> • Performs the duty of the Chair in his/her absence.
<p>Members:</p> <ul style="list-style-type: none"> • PMDT treatment facility physician • PMDT treatment facility nurse • Representative from any medical subspecialty • Representative from NTP-Regional Office 	<ul style="list-style-type: none"> • Trained in NTP-MOP and PMDT 	<ul style="list-style-type: none"> • Assists in providing evidences and sound recommendations in managing the cases presented
<p>Secretariat He/She will be designated by the Chair.</p>	<ul style="list-style-type: none"> • Preferably a PMDT treatment facility nurse • Trained in NTP-MOP and PMDT 	<ul style="list-style-type: none"> • Informs all members about the schedule of TB MAC meeting • Coordinates with Regional-TB MAC Chair and N-TB MAC Secretariat on cases to be presented • Organizes and schedules meeting • Files all documents

The Committee may invite other participants from PMDT treatment facilities and other specialists and stakeholders to attend the meeting as observers or resource person/s.

The Chair and other members of the TB MAC will have 3 years tenure and can be renewed as necessary.

IV. Functions:

1. National TB MAC shall:

- a. Formulate technically sound and evidence-based recommendations to manage difficult cases coming from the Regional TB MAC
- b. Monitor the outcome of the recommendations
- c. Review and develop a compendium of difficult cases and their recommendations
- d. Solicit technical support/advice from other local and international experts
- e. Recommend policies and procedures to NTP arising from the discussions
- f. Document N-TB MAC Meetings
- g. Assists in the capability building of the members of the R-TB MAC

2. Regional TB MAC shall:

- a. Formulate technically sound and evidence-based recommendations to manage difficult cases that cannot be addressed by the PMDT treatment facilities (S/TCs and iDOTS facilities) within the region
- b. Monitor the outcome of the recommendations
- c. Refer unresolved clinical cases to the National TB MAC
- d. Schedule a remote meeting with the referring PMDT treatment facility
- e. Review and develop a compendium of difficult cases and their recommendations and submit them to N-TB MAC
- f. Recommend policies and procedures to NTP arising from the discussions
- g. Document R-TB MAC Meetings

V. Cases to be presented/discussed:

1. Clinically-Diagnosed DR-TB
2. Cases with special conditions such as but not limited to:
 - a. Pregnant
 - b. Renal Failure
 - c. Liver Diseases
 - d. Psychiatric and Neurologic Diseases
3. Mono and Poly-resistant cases
4. Cases with DSSM positive at the end of 4th month of SSTR
5. Cases with serious adverse events (SAEs) and uncontrolled ADRs

6. Other difficult clinical cases that are not covered by PMDT Implementing Guidelines

VI. Requirements for the conduct of meeting:

1. Computers with video camera
2. Fast and reliable internet connection (at least 3mbps)
3. Email accounts (preferably g-mail), skype account
4. Forms:
 - a. DR-TB Case Presentation Form (previously known as Consiliumex)
 - b. TB MAC Masterlist
5. Patient's clinical records – Screening forms, Progress report forms, laboratory results (Blood chemistry, sputum examination results), Chest Xray and other pertinent records

VII. Procedures:

A. For R-TB MAC:

1. The PMDT treatment facility physician shall prepare difficult cases that are not covered/discussed in the PMDT Implementing Guidelines. An electronic copy of DR-TB Case Presentation Form shall be filled out and uploaded in an electronic platform (i.e. google docs, dropbox) designated for each PMDT treatment facility. This can be viewed by all the members of the R-TB MAC and the representatives from the PMDT treatment facilities in the region. Only the referring PMDT treatment facility physician or his/her representative and R-TB MAC Chair and Secretariat can edit the electronic form.
2. The PMDT treatment facility physician or his/her representative shall send a real time email to the R-TB MAC Secretariat about the number of cases uploaded.
3. The R-TB MAC Secretariat shall inform all its members on the cases uploaded for their initial review and shall determine the case that needs further recommendations from the R-TB MAC. For cases that were uploaded but do not warrant R-TB MAC discussions (i.e. cases that can be answered using the PMDT IG), the PMDT treatment facility physician or his/her representative shall be given guidance to refer back to the PMDT Implementing Guidelines and policies.
4. The R-TB MAC Secretariat shall record the cases for presentation in the electronic copy of the Regional TB MAC Masterlist for later update.
5. The R-TB MAC Chair, together with all its members, shall schedule a remote meeting with the PMDT treatment facility with cases for review.

Representatives from other PMDT treatment facilities without cases to be presented may also be invited.

6. The R-TB MAC Secretariat shall set up the skype call or any related platform on the day of the meeting.
7. Using the DR-TB Case Presentation Form as reference, the PMDT treatment facility physician or his/her representative shall present the case to the committee. All clinical records of the patients shall be available during the meeting to serve as reference for the answers to queries of the committee.
8. In consultation with all the members of the committee and inputs from the observers, the Chair shall finalize the recommendation and the Secretariat shall update the electronic copy of the DR-TB Case Presentation Form. The Secretariat shall also update the TB MAC Masterlist.
9. The Chair shall ensure that all cases presented by the PMDT treatment facilities are discussed during the meeting. He/She shall remind the PMDT treatment facility physician or his/her representative to update the TB MAC Masterlist whether the problem was resolved or not after the recommended management is instituted. These cases shall be reviewed next meeting. For cases that are not yet resolved, further discussion shall be done during the subsequent meeting and the cases shall be re-entered in the TB MAC Masterlist.
10. For cases that warrant further discussions, these shall be referred to N-TB MAC for final recommendations.

B. For N-TB MAC:

1. The R-TB MAC Chair shall prepare difficult cases that were not resolved during the R-TB MAC meeting. An electronic copy of the filled out DR-TB Case Presentation Form shall be uploaded in an electronic platform (i.e. google docs, dropbox) designated for each region. This can be viewed by all the members of the N-TB MAC, and R-TB MAC Chair and Secretariat. Only the R-TB MAC and N-TB MAC Chairs, and R-TB MAC and N-TB MAC Secretariats can edit the electronic form.
2. The R-TB MAC Secretariat shall send a real time email to the N-TB MAC Secretariat about the number of cases uploaded.
3. The N-TB MAC Secretariat shall inform all its members on the cases uploaded for their initial review and shall determine the case that needs further recommendations from the N-TB MAC. For cases that were uploaded but do

but do not warrant N-TB MAC discussions (i.e. cases that can be answered using the PMDT IG), the R-TB MAC Chair shall be given guidance to refer back to the PMDT Implementing Guidelines and policies.

4. The N-TB MAC Secretariat shall record the cases for presentation in the electronic copy of the National TB MAC Masterlist for later update.
5. The N-TB MAC Chair shall schedule a remote meeting together with all its members and chair(s) of R-TB MAC.
6. The N-TB MAC Secretariat shall set up the skype call or any related platform on the day of the meeting.
7. Using the DR-TB Case Presentation Form as reference, the R-TB MAC Chair (or alternate) shall present the case to the committee. All clinical records of the patients shall be available during the meeting to serve as reference for the answers to queries of the committee.
8. In consultation with all the members of the committee and inputs from the observers, the Chair shall finalize the recommendation and the Secretariat shall update the electronic copy of the DR-TB Case Presentation Form. The Secretariat shall also update the National TB MAC Masterlist.
9. The Chair shall ensure that all the cases presented by the R-TB MAC are discussed during the meeting. He/She shall remind the R-TB MAC Chair to update the N-TB MAC Masterlist whether the problem was resolved or not after the recommended management is instituted. These cases shall be reviewed next meeting. For cases that are not yet resolved, further discussion shall be done during the subsequent meeting and the cases shall be re-entered in the N-TB MAC Masterlist.
10. For cases that warrant further discussions, these shall be referred to other local and international experts on DR-TB Management.

VIII. Monitoring, Supervision and Evaluation

Both Regional and National TB MAC will be monitored by the DOH-NTP and Partners. The following shall be considered during monitoring:

- a. Number of meetings done per quarter
- b. Number of cases presented per quarter disaggregated by reasons of referral
- c. Number of cases resolved per quarter (Final outcome of the cases discussed per quarter)
- d. Clinical practices on the ground in terms of prevention, diagnosis and treatment

- e. Challenges and difficulties in implementation in terms of human resources, capacity building, compliance to WHO recommendations and country policies
- f. Compendium of difficult cases and their recommendations

Group's performance shall be evaluated. The methodology and schedule shall be determined by the NTP.

VIII. Logistical and Funding Support:

The conduct of the TB MAC meeting shall be primarily supported by the DOH-ROs and this shall include provisions of venue, internet connection, and other peripherals. Other development partners may also give other support.

**National TB Control Program (NTP)
Programmatic Management of Drug-resistant Tuberculosis (PMDT)**

REGISTRATION		DR-TB Registration Number:	
Name (Surname, First, Middle):		Age:	Sex:
Registration Group: <input type="checkbox"/> New <input type="checkbox"/> Relapse <input type="checkbox"/> Treatment After Failure <input type="checkbox"/> TALF <input type="checkbox"/> PTOU <input type="checkbox"/> Other			
History of TB Treatment: <input type="checkbox"/> None <input type="checkbox"/> FLD Only <input type="checkbox"/> FLD and SLD			
Date Treatment Started	Treatment Unit	Anti-TB Drugs and Duration	Outcome
Laboratory Results:		Site: <input type="checkbox"/> P <input type="checkbox"/> EP _____	
Test	Date	Result/ Resistance Pattern	
GX			
DST			
Other Notes:			

REGIMEN		Reason for Discussion:	Current Weight (kg):
Reason for Change/s in Regimen:		Month of Treatment:	Phase of Treatment:
Supporting Details:			
Current Regimen:			Previous Weight (kg):
Recommendation:			
Drug	Preparation	No. of Units Per Day	Comments
TB MAC Officer:	Date:		

TB Medical Advisory Committee Masterlist
Department of Health-National Tuberculosis Control Program

TB Medical Advisory Committee: _____

Name of Chairperson: _____ **Date of Meeting:** _____

Name and Case Number of Patient	Specific Reason For Presentation	Recommendation	Status of Patient After the recommended management (Resolved/ not resolved)	Date resolved (if not resolved, reenter name in the next TB MAC Meeting)	Remarks
1					
2					
3					
4					
5					