Grassroots Leadership Improves the TB Control Program for the Urban Poor in Quezon City, Philippines

The Philippines is one of the 22 countries worldwide with the highest tuberculosis (TB) rates and one of the 27 highest multidrug resistant tuberculosis (MDR-TB) burden countries. These countries account for more than 80 percent of the global TB and MDR-TB caseload. Several factors serve as barriers to access to TB care for the urban poor including:

- Inadequate availability of and accessibility to diagnostic facilities
- High out-of-pocket expenses for transportation
- Lack of treatment partners for community-based directly observed treatment

Case detection of TB cases is low and treatment success is poor with a high number of patients being lost during treatment.

"Allow the community stakeholders to participate, and take ownership"

TB prevalence in urban poor settlements, like Payatas in Quezon City, part of the metro Manila area, is almost twice that of the general population. Paytas is overcrowded and has poor access to health services, both of which are factors that contribute to this increased persistence of TB. The TB control program in Payatas is managed by the Quezon City Central and District Health Offices.

Strengthening TB Program Management at the Grassroots Level

In late 2011, Quezon City Health Department (QCHD), with the support of the US Agency for International Development (USAID)-funded Systems for Improving Access to Pharmaceuticals and Services (SIAPS) Program, took steps to strengthen TB program management at the barangay (grassroots) level. The objective was to allow the community stakeholders to participate, and take ownership, in managing the TB program in their community.

Through an existing grassroots management structure, the Barangay TB Management Council (BTBMC), SIAPS helped QCHD build program leadership and management capacity at the community level. SIAPS introduced Management Sciences for Health's (MSH) "Leading and Managing" practices to modify BTBMC's structure, roles, and processes.

SIAPS's approach is to train community leaders by providing them with the management tools that facilitate community management and participation. With an emphasis on empowerment, this approach instills community leaders with ethical values that result in effective leadership and ensures sustainability through local ownership. Local leaders can best identify the health needs of their community and the outcome is an increase in access to health care services and products.

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A BTBMC core team composed of the Barangay Captain, health workers, and other stakeholders was organized to handle leadership and management tasks. The team was also tasked to plan, coordinate, monitor, and evaluate program activities so that they can identify the program's problems, and find solutions to address them. BTBMC also set up a secretariat to manage information, meetings, and coordination.

"Using community resources can help reduce barriers to service delivery."

With the recently acquired leadership and management skills, the BTBMC developed and implemented action plans for their communities. Coordination and collaboration among stakeholders increased, which led to the use of resources from other partners in the community for the TB program. The barangay, with other community partners, supported and financed advocacy and TB education meetings. A nongovernmental organization's TB Diagnostic Committee donated time and another nongovernmental organization partner supplied anti-TB medicine supplies to the local government unit health center. The BTBMC established satellite diagnostic facilities for microscopy using community resources and informal laboratory workers, which helped improve accessibility of TB microscopy services.

BTBMC organized treatment partners using volunteers in the community, and mobilized financial support from the barangay government to provide allowances to volunteer treatment partners and informal laboratory workers.

Community Participation Strengthens a TB Control Program

In 2012, the number of people with presumptive TB examined by microscopy increased by 27 percent, and TB cases that were initiated on treatment increased by 23 percent, as compared to previous years. These results suggest that strengthening program leadership and management at the grassroots level and using community resources can help reduce barriers to service delivery. Additionally, stakeholders at the grassroots level gained valuable management and leadership skills that they can use to address a variety of community level issues. The Payatas model can be applied to other health programs to improve public health services.