Systems for Improved Access to Pharmaceuticals and Services Philippines Work Plan: Year 2 (October 1, 2012 – September 30, 2013)

October 2012

Systems for Improved Access to Pharmaceuticals and Services
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This document is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID) Cooperative Agreement Number AID-OAA-A-11-00021. The contents are the responsibility of Management Sciences for Health and do not necessarily reflect the views of USAID or the United States Government.

About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

Recommended Citation

2012. *Systems for Improved Access to Pharmaceuticals and Services Program Philippines Work Plan: October 1, 2012 – September 30, 2013.* Submitted to the U.S. Agency for International Development by the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program. Arlington, VA: Management Sciences for Health, Inc.

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ACRONYMS

ADR	Adverse drug reaction
BIHC	Bureau for International Cooperation
CC	Culture Center
CDC	Center for Disease Control (USG)
CPM	Center for Pharmaceutical Management (MSH)
DOH	Department of Health
DOTS	directly observed therapy short-course
DR-TB	drug-resistant tuberculosis
DSM	Drug Supply Management of Lung Center of the Philippines
DST	Drug Susceptibility Test
e-TBM	e-TB Manager (MSH)
FDA	Food and Drug Administration (Philippines)
FLD	first line drug(s)
GDF	Global Drug Facility (WHO)
GFATM	Global Fund to Fight AIDS, TB and Malaria
GHI	Global Health Initiative
GLC	Green Light Committee (WHO)
GOP	Government of the Philippines
HHRDB	Health Human Resource Development Bureau
HQ	headquarters
HR	Human resources
IMS	information management services
IT	information technology
ITIS	integrated TB information system(s)
IR	intermediate result
LCP	Lung Center of the Philippines
LGU	Local Government Unit
M&E	monitoring and evaluation
MDR-TB	multidrug-resistant tuberculosis
MIS	management information system(s)
MMD	Materials Management Division
MOP	Manual of Procedures
MSH	Management Sciences for Heath
NCPAM	National Center for Pharmaceutical and Access of Medicines
NEC	National Epidemiological Center
NTP	National Tuberculosis Control Program
NTRL	National TB Reference Laboratory
PAS	Para-amino Salicylic Acid
PBSP	Philippines Business for Social Progress
PH	Philippines
PhilPACT	Philippine Plan of Action to Control TB
PMDT	programmatic management of drug-resistant tuberculosis
PMO	Program Management Office
PNDF	Philippines National Drug Formulary

PSM	Procurement and Supply Management
PV	Pharmacovigilance
QCHD	Quezon City Health Department
SIAPS	Systems for Improved Access to Pharmaceuticals and Services (Program) [MSH]
SLD	second line drugs
SMS	strategic monitoring system
SPS	Strengthening Pharmaceutical Systems (Program) [MSH]
STC	satellite treatment center
TB	tuberculosis
TC	treatment center
TDF	Tropical Disease Foundation
TOT	Training of Trainers
TS	treatment site
USAID	US Agency for International Development
WHO	World Health Organization
WPRO	Western Pacific Regional Office (WHO)
XDR-TB	extensively drug-resistant TB

BACKGROUND

Country Information

The Philippines (PH) is an archipelago located in Southeast Asia in the Western Pacific Ocean, made up of 7,107 islands with a land area of 300,000 square kilometers and a population of 92.8 million in 2010. The World Bank classifies the Philippines as a lower middle income country. The estimated poverty rate was 26.5% in 2009.[1] The health system is composed of a public sector, largely financed by a tax-based budgeting system at national and local levels, and a private sector that usually charges user fees at points of service.[2] According to the Philippines National Statistics Coordination Board in 2010, 26.2% of health expenditures was financed by the government, 64.8% by the private sector, of which, more than 54% came from out-of-pocket expenses.[3]

Tuberculosis (TB) is the 6th leading cause of morbidity and mortality in the Philippines, and the country is 9th among the 22 high TB burden countries and 8th among the 27 high multi-drug resistant TB (MDR-TB) burden countries in the world. There were an estimated 260,000 incident TB cases and 470,000 prevalent TB cases in the country, with 31,000 TB deaths in 2010.[4] The prevalence of MDR-TB in the country is among the highest globally with rates of 3.8% among new TB cases and 21% among previously treated cases.[5] The World Health Organization (WHO) estimates that there were more than 8,000 MDR-TB cases in 2010. The Philippine Department of Health (DOH) adopted the directly-observed treatment, short-course (DOTS) strategy in 1997 and has integrated the DOTS strategy into the general health services. DOH has started implementation and scale up of programmatic management of drug-resistant TB (PMDT).

The National Tuberculosis Control Program (NTP) central team under the DOH provides national policy direction, and formulates technical standards and guidelines. The TB laboratory network is structurally integrated with the NTP. Private labs that provide TB diagnostic services are linked with the NTP through reporting mechanisms, supervision, and quality assurance. The National TB Reference Laboratory (NTRL) provides overall leadership and direction to the laboratory network through development of policies, technical guidelines, and standards in support of NTP policies and strategies; it is also responsible for managing the laboratory component of PMDT. DOH regional NTP teams ensure that local government units (LGUs) implement the program according to guidelines and standards, while the LGU provincial/city NTP teams manage program implementation at the local level.

[1] National Statistics Coordination Board, 2010
[2] Mundy, Philippines Report 2010
[3] Philippines National Health Accounts, NSCB 2010
[4] WHO Report 2011
[5] Philippines DRS, 2004

Situational Analysis

1. ***Leadership and Governance:*** Political commitment at the national level is generally good, but is variable at the intermediate and peripheral levels. The NTP/DOH is currently implementing its strategic plan for 2010 to 2016: Philippines Plan of Action to Control TB (PhilPACT) and has mobilized its regional offices, the LGUs, technical partners, and the private sector to work together to implement the strategic plan. The implementation of the NTP strategic plan requires the strengthening of health systems, particularly the laboratory systems, health workforce and financing, and improving capacities in leadership, coordination, advocacy, and management.

   NTRL is developing the national laboratory strategic plan that aims to improve the laboratory services' effectiveness and quality, accessibility, management systems and leadership, and ensure sustainability of services. PMDT managers are also leading efforts to find ways to address the challenges of low case detection and high treatment default, organizing the treatment services, and improving human capacities for service delivery and management.

2. ***Human resources (HR):*** The central NTP team at DOH is understaffed especially with regards to experienced technical personnel. The TB laboratory service is also experiencing a chronic shortage of trained and experienced professional managerial and service delivery staff at all levels of the laboratory network. Human capacity for pharmaceutical and laboratory management are areas that need improvement. At the NTRL, current staff organization is complex, with unclear delineations of authority, responsibility and inter-relationships between units. The SPS human resources assessment conducted in 2011 highlighted the mismatch between staff assignments and major responsibilities. This has reduced efficiency and productivity, caused staff dissatisfaction and contributed to the high turnover of trained technical staff.[6] This is likely to be true in the rest of the laboratory network as well.

   At all levels of the laboratory services, job descriptions are not updated and do not reflect the staff's current roles and responsibilities. Human resource policies and procedures exist but are implemented in various ways particularly at the points of service delivery.

   At the PMDT, the increasing coverage of services has significantly increased the workload in the clinics. Clinical staff is struggling to keep up with the increased demand and is this affecting their ability to provide better services particularly in quality case holding. This performance gap contributes to poor treatment outcomes resulting in high levels of treatment default[7] that can promote the development of extensively drug-resistance TB (XDR-TB).

[6] Lorenzo, Assessment of HR Management of NTRL and LCP Draft 2011
[7] PhilCAT 2011 presentation

3. ***Financing:*** Diagnostic and treatment services for PMDT are funded mostly by the Global Fund to Fight AIDS Tuberculosis and Malaria (GFATM). First line drugs and supplies are financed by the national government, while local service provision is financed by the LGUs. However, financing gaps exist and remain unfilled. Information on the financing requirements for laboratory services is insufficient. Thus, budgeting for laboratories is surrounded by uncertainty regarding its adequacy.[8] More than half of the staff at central and regional laboratories, as well as the majority of PMDT staff, are funded by the GFATM. This places the laboratory and PMDT services at great risk of losing majority of its technical staff and threatens its capability to provide services once external donor support is terminated. There is no clear sustainable financing strategy for the program at this time. Several external reports are strongly recommending for NTP to consider analyzing costs of second line drugs (SLD) supply post-GFATM funding and developing a sustainable national strategic plan.

4. ***Information management:*** Information Management Services (IMS) of DOH has started the development and phased implementation of an integrated TB information system (ITIS) based on the e-TB Manager (e-TBM) that was formerly used by the PMDT. However, the laboratory module of ITIS is not yet developed. Program indicators and recording and reporting requirements need to be reviewed to prevent the collection of excessive and/or inappropriate health data that may not be relevant to service delivery or program management. This will also avoid placing too much burden on peripheral health workers who are responsible for much of the recording tasks. Relevant information such as those related to the supply chain, financial management, adverse drug reactions, health workforce, and facilities are not routinely collected.

   The processes for data collection, data management, retrieval, and reporting of program performance needs better organization. Data analysis and feedback is still inadequate and data are not sufficiently utilized to inform decision making, service improvement, and program management. The use of information technology in this instance needs further improvement to facilitate data management and communication. There is currently no systematic process of ensuring data quality and completeness in the NTP.

5. ***Service delivery:*** The country reached a 75% DOTS case detection performance at national level in 2004, but performance is variable at local level and performance is still below the target in many areas. Detection of all forms of TB, and MDR-TB cases are likewise below the target. Case detection targets for smear positive patients were not achieved in eight of the country's 17 administrative regions.[10] For MDR-TB, achievements in case detection in the last three years were only 64% (2009), 21% (2010), and 49.6% (2010). When fewer cases are diagnosed and able to access to appropriate and effective anti-TB treatment, transmission of TB s will continue, along with high TB morbidity and mortality.

[8] Mundy, Assessment of NTP Lab Managerial Capacity Philippines 2010

The huge gap in the number of TB (drug susceptible and drug resistant) cases diagnosed and treated has been attributed largely to limited access to TB diagnostic services.[9] This, in turn, is due to weaknesses in the laboratory systems including inadequate infrastructure and equipment; weak systems for managing supplies, staff, quality assurance, equipment, information, monitoring and evaluation, planning and budgeting, and training and supervision; lack of human capacity to manage the laboratory network at all levels; lack of professional staff to provide laboratory services; lack of laboratory strategic plans and policies; weak leadership capacity at all levels of the laboratory network; and inadequate financing.[8,10,11] Moreover, the long turnaround time for diagnosis especially for MDR-TB has led to patients being lost before treatment is started.

Treatment success among drug-susceptible new smear positive cases is over the target at 88% at national level. However, cure rates at national and local level remain variable and usually falls below the 85% standard.[9] On the other hand, treatment success among multi-drug resistant cases for the 2008 cohort is 63% (48% cured, 15% treatment completed), 26% defaulted, 10% died, and 0.6% failed treatment. The 2009 cohort's treatment outcome report showed a lower treatment success of 54% (39% cured, 15% treatment completed), while 9% died, 0.2% failed, and 32% defaulted.[10] The remaining 4% includes 2009-enrolled patients who are still undergoing treatment.

Adverse drug reactions (ADRs) are among the top three reasons for patient's default.[11] Due to increasingly high default rate, SIAPS will contribute to adherence to treatment through active surveillance activities of TB pharmacovigilance (PV), thereby determining patients' exposure to medicines and establishing causality to adverse events.

Stock-out situations of some second-line drugs (e.g. Capreomycine), as well as the occurrence of adverse reactions (many of which are due to Para-amino Salicylic Acid (PAS) and Kanamycin) have caused PMDT managers to modify treatment regimens influenced by drug supply. In October 2011 with unverified data of an increase in adverse reactions to Kanamycin and an impending stock out due to global undersupply, regimens were changed from Kanamycin to Capreomycine, and then later changed back to Kanamycin when Capreomycine stocks were about to be consumed. Also, there was a decreased utilization of PAS because of increased ADRs, hence the overstocking and possible expiration of PAS. The program decided to modify the standardized regimen by prioritizing PAS over Prothionamide, which is higher in WHO hierarchy of SLD, in the regimen of the patients.[12] Similar situations in many other programs may be promoting the development of more drug-resistant cases including XDR-TB.

[9] NTP Program Implementation Review, 2011
[10] DOH, PhilPACT, 2010
[11] NTRL/DOH, National Laboratory Consultative Meeting, 2011
[12] PMDT Program Implementation Review, 2011
[12] PMDT Program Implementation Review, 2010, 2011 and 2012
[13]LCP Memo, 2011

In 2011, NTP started the use of rapid diagnostic tools (i.e. Xpert MTB/RIF, LED-FM). The NTRL is leading the introduction of new diagnostic tools in the NTP such as molecular tests, fluorescence microscopy, and liquid culture to improve access to high-quality diagnosis. The new tools for detecting drug resistant TB (DRTB) will shorten turnaround time from at least five months to one to three days and help laboratory workers cope with higher volumes of work that are expected as the NTP expands its coverage. This will allow more patients to be examined within a shorter period, to detect cases earlier, and allow earlier treatment for diagnosed cases. The reduction in treatment delay will help prevent further worsening of patients' morbidity and reduce their infectiousness to reduce, or prevent the transmission of TB.

However, gaps within the diagnostics and pharmaceutical management systems remain and recent program reviews revealed that these interventions have so far brought little success, with diagnostic turnaround time using Xpert MTB/RIF still ranging from five days to several weeks, and overall DRTB detection rate still below targets. Moreover, the level of patient enrolment for treatment among diagnosed cases is still below 80%. Some of the factors that are contributing to these are the weaknesses in the laboratory referral system, transport of specimens, delays in the transmittal of lab results, lack of available testing facilities, and limited accessibility of facilities that increases the patients' expenses related to diagnostic testing.

Recent Accomplishments under the Strengthening Pharmaceutical Systems (SPS) Program and SIAPS

Since 2010, SPS worked with the Department of Health (DOH) / NTP, the Lung Center of the Philippines (LCP), and other stakeholders in the PMDT to promote pharmaceutical and laboratory management for MDR-TB, including capacity building of DOH staff in pharmaceutical management, and supporting pharmacists in PMDT and service delivery points in the selection, forecasting, quantification, and procurement of MDR-TB medicines and supplies. SPS also supported the development of guidelines and policies in pharmaceutical management of MDR-TB medicines, management of TB laboratory systems, and management of information systems (eTB Manager).

Below is a brief summary of SPS/SIAPS areas of work in the following key areas:

1. Information Management for MDR TB (eTB Manager):

SPS customized, installed, trained staff, and monitoring the implementation of the eTB Manager Program to capture strategic patient information for the PMDT program. In 2012 SPS:

- Provided technical support to facilities using eTB Manager;
- Expanded the use of eTB Manager;
- Monitored customizations to the original version of e-TBM;
- In collaboration with the National Epidemiological Center (NEC), conducted a Training of Trainers (TOT) using adapted training materials;

- In collaboration with NEC, developed monitoring and evaluation (M&E) guidelines for treatment centers (TCs) and warehouses where e-TBM is implemented;
- Supported the DOH Information Management Services in the migration of data to the new DOH TB information management program: ITIS.

2. NTP laboratory services:

The second area of focus was on strengthening the organizational, leadership, and management capacity of NTP laboratory services and operations, specifically the National TB Reference Laboratory (NTRL). To this end SPS conducted the following activities:

- Assessed the human resource needs of NTRL and its effectiveness in managing TB laboratory services;
- Provided technical leadership to central and intermediate level laboratory managers in strategic planning, guidelines development, training and supervision, improving leadership and management skills through the Leadership Management Development Program (LMDP), and analysis/interpretation of laboratory data in relation to its contribution to TB case finding and detection of DRTB patients;
- Assisted in the management of laboratory equipment and supplies;
- Conducted a rapid assessment of laboratory supplies management at NTRL and capacity building of the NTRL staff handling supplies.

3. NTP / PMDT Pharmaceutical Services:

The PMDT program for MDR-TB is supported by a GFATM grant. Second line drugs are purchased through the program and are currently available in the public system. With the rapid expansion of cases (cumulative > 3,000 patients) and PMDT centers from ten in 2010 to more than 25 in 2012, SPS was requested by NTP and US Agency for International Development (USAID) to support and strengthen the Drugs Supply Management (DSM) team of the PMDT to avoid risk of interruption of medicines and supplies and treatment of MDR-TB. In 2012 SPS:

- Built capacity of DSM staff in forecasting, quantifying, and procuring SLD and other ancillary medicines and supplies for the program;
- Supported onsite training and supervision of TCs in handling, monitoring consumption and use of SLDs;
- Monitored distribution and storage conditions;
- Trained TC pharmacists;
- Played key role in quantifying needs, planning procurement and delivery schedules with Philippine Business for Social Progress (PBSP), the Global Fund principal recipient;
- Assisted DSM in monitoring SLD medicines at central and regional warehouses, including determining amounts for each TC;
- Contributed and led technical discussion of the TB Procurement and Supply Management (PSM) Manual of Procedures ;
- Supported the Lung Center of the Philippines- Program Management Office (PMO) in analysis of results of case detection and treatment of DRTB patients.

In agreement with USAID Philippines, the SIAPS work plan from October 2012 to September 2013 (Year 2) represents activities built on the foundation of activities to date and developed in

collaboration and discussion with counterparts at the National TB Program, Lung Center of the Philippines, Programmatic Management of Drug-Resistant Tuberculosis, National TB Research Laboratory Federal Drug Administration (FDA), WHO, and several USAID-funded partners and local stakeholders.

STRATEGIC APPROACH

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. In the Philippines, SIAPS will follow and apply the above technical approach (Figure 1) to contribute to the achievement of USAID /PH and DOH goals and objectives in TB and contribute to SIAPS's overall goal and intermediate results (IR) by improving TB laboratory and pharmaceutical services and ensuring availability of TB health commodities and laboratory supplies in collaboration with DOH, NTP, PMDT, NTRL, FDA, NCPAM, and other key stakeholders, including USAID implementing partners focusing on country ownership and sustainability through systems strengthening. To achieve the expected results SIAPS Philippines will continually analyze our environment and strategies and regularly evaluate effectiveness of our approaches and strategies and adapt it as necessary.

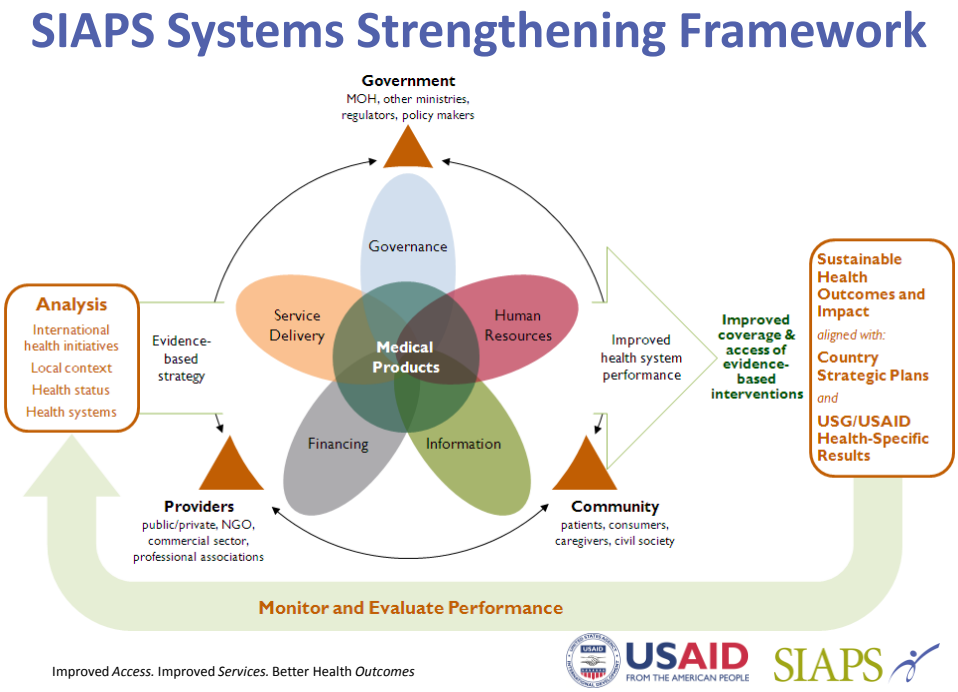


Figure 1: SIAPS Systems Strengthening Framework

Problem Statement

Barriers in the health system continue to hamper the efficient and effective delivery of TB control services. Leadership and governance in the TB program is fragmented and program coordination is still weak. Health human resource management systems need improvement to help address the challenge of inadequate staffing and capacities from national to peripheral levels. Efforts need to be intensified to build capacity of staff and improve drug management at the service delivery level. Program financing gaps remain with no clear strategies for sustainable financing existing at this time. The NTP's new information management system is not yet well developed and use of information for decision making is still inadequate. The capacity for health

technology[13] management is still weak, reduces access to services, and leads to sub-optimal program performance. Figure 2, below, illustrates SIAPS Philippines areas of technical concentration in support of NTP and USAID strategies to control TB.

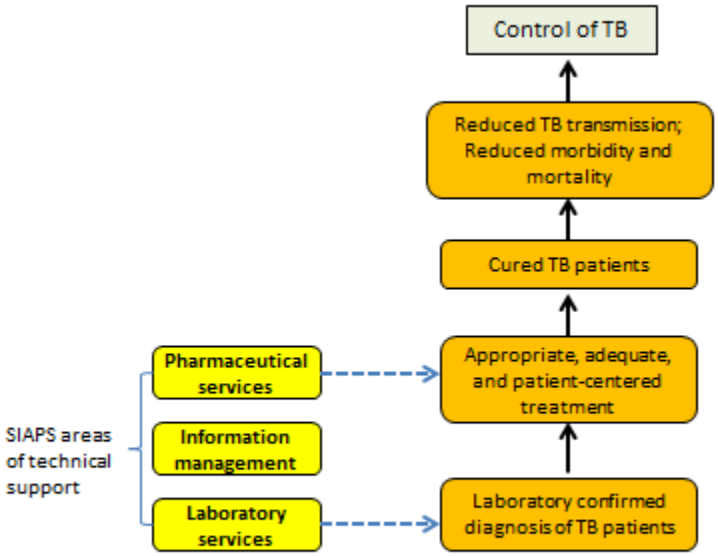


Fig.2 SIAPS proposed areas of technical support to strengthen Philippines' TB control program

Portfolio Vision/Goal

In the Philippines, SIAPS aims to contribute to reducing the TB disease burden through the application of a systems approach in strengthening medicines and laboratory diagnostic management and services. SIAPS will build on the success of SPS and will redouble emphasis on the GHI principles and the Health System building blocks including SIAPS Pharmaceutical Systems Strengthening Framework.

SIAPS will continue supporting USAID to achieve its strategic objectives and intermediate results and will continue supporting the Government of the Philippines (GOP) in reducing TB morbidity and mortality.

The activities and outputs in each objective will contribute to pharmaceutical and laboratory system improvements, improved program leadership and governance, and improved management of diagnostic and treatment services that will help improve access to appropriate and adequate diagnosis and treatment.

[13] Health Technology is used in this context to include pharmaceuticals, laboratory equipment and medical devices.

Results Framework

The SIAPS Philippines Results Framework is aligned to the overall SIAPS Results Framework as described below:

The Three SIAPS Philippines Objectives are related to the IRs of the overall SIAPS Global Program as per the following:

1. Capacity for pharmaceutical and laboratory supply management improved (Linked to SIAPS IR 2)
2. Capacity for transparent and evidence-based decision making increased (Linked to SIAPS IR 3)
3. Pharmaceutical services strengthened for improved outcomes in TB case management (Linked to SIAPS IR5)

SIAPS/Philippines Goal

Strengthen key institutions in reducing the TB burden through increased access to quality and effective pharmaceutical and laboratory services.

Objective 1: **Capacity for Pharmaceutical and Laboratory Supply Management Improved** Linked to SIAPS IR 2	**Objective 2:** **Capacity for Transparent and Evidence-Based Decision Making Increased** Linked to SIAPS IR 3	**Objective 3:** **Pharmaceutical Services Strengthened for Improved Outcomes in TB Case Management** Linked to SIAPS IR 5
Sub-Objective 1.1: Capacity of the Human Resource System for Laboratories and Pharmaceutical Services in PMDT Improved	Sub-Objective 2.1: TB Information Management System Enhanced to Support Both Products and Patients	Sub-Objective 3.1: Pharmacovigilance System is Strengthened to Ensure Patient Safety and Therapeutic Effectiveness
Sub-Objective 1.2: Capacity of Laboratory and Clinic Health Workers to Lead and Manage Pharmaceutical Services for MDR-TB Treatment Ipproved	Sub-Objective 2.2: Availability of Quality TB Data Increased and Used for Decision Making	Sub-Objective 3.2: Availability of Pharmaceutical and Laboratory Services Improved
Sub-Objective 1.3: Capacity of the Supply Chain Management Improved		

PLANNED ACTIVITIES

Objective 1: Capacity for pharmaceutical and laboratory supply management improved

SIAPS strategy to build pharmaceutical management capacity is to strengthen both institutional and individual capacity to handle and manage patients and supplies.

We will also work with the NTP, LCP, NTRL, FDA, MMD, LGUs, and other stakeholders to help improve the existing pharmaceutical and laboratory systems and increase NTP's capacity to deliver effective services. This approach will help NTP to further strengthen its capability to improve case detection using quality-assured bacteriology services, and to ensure the uninterrupted supply of medicines through an effective drug supply management system. Strengthening these two elements of the DOTS strategy will increase patients' access to standardized and patient-centered TB treatment. Furthermore, improving the laboratory and pharmaceutical management systems will contribute to overall health system strengthening.

Secondly, by developing the leadership and management skills of health workers, especially at the community level, SIAPS will enable them to respond in innovative ways to the various challenges in the diagnosis and treatment of TB patients. This will also help program coordinators and supervisors improve their skills in providing technical support to lower level health workers.

Sub-Objective 1.1: Capacity of the human resource system for laboratories and pharmaceutical services in PMDT improved

SIAPS, in collaboration with NTP, NTRL, LCP, PBSP, WHO, DOH's Health Human Resource Development Bureau (HHRDB), Bureau of International Health and Cooperation (BIHC), and USAID supported projects, will assist the NTP in its efforts to improve the human resource systems within the laboratory and MDR-TB pharmaceutical services. This will contribute to the overall health system strengthening initiatives of DOH and other partners to improve the NTP's capacity to diagnose TB patients using currently available technologies. This will help increase case detection and the number of patients who will have access to appropriate anti-TB treatment, and will strengthen the supply chain management of laboratory supplies.

Building on the results of the human resource needs assessment of NTRL and LCP's TB laboratory done under the SPS program in 2011/12, SIAPS will assist these institutions to develop their own human resource development plans. The human resources plan will describe how critical systems (i.e. recruitment, placement, orientation, compensation and rewards, training, and supervision) should be installed in their institutions. Assistance will also be provided in crafting job descriptions, and in determining compensation and benefits packages that are implementable in the local setting.

SIAPS, in collaboration with key stakeholders and partners, will also help NTP/NTRL to assess the human resource needs of the remainder of the laboratory network and PMDT clinics. We will

then provide assistance in developing their human resource plans based on the assessment results. During the 2012/13 workplan year, we will also assist the NTP to update the laboratory training policies and plan, including its budget, so that this will be more responsive to the changing demands of the program. These activities will help provide opportunities for health workers for continued education and career development and ensure the availability of competent and motivated health staff.

Key Activities:

- Assist NTP, NTRL, PMO/LCP, to assess the existing human resource management system in TB pharmaceutical and laboratory services particularly in PMDT clinics in collaboration with HHRDB/DOH and PBSP, and other stakeholders..
- Assist NTP, NTRL and LCP-PMO to formulate a human resource development plan for TB pharmaceutical and laboratory services.
- Review and develop updated TB laboratory national training policies, plan, and budget.

Expected Key Outputs:

- Assessment report of human resource management system for MDR-TB pharmaceutical and laboratory services
- HR development plans for NTRL, LCP TB laboratory, rest of the TB laboratory network, and PMDT clinics
- Revised job designs for staff in NTRL and LCP-TB laboratory
- Updated national laboratory training and development policy
- Updated national TB laboratory training and development plan and budget

Key Indicators:

- Number of human resource assessments done
- Number of human resource development plans formulated
- Number of human resource management plans and policies that were updated

Expected Key Results:

- Contribute to improvements in staffing in laboratories and PMDT clinics
- Contribute to organizational development in the pharmaceutical services and to overall health systems strengthening
- Improved staff retention will help sustain services
- Increased staff competency contributes to better performance and improved results

Sub-Objective 1.2: Capacity of laboratory and clinic health workers to lead and manage pharmaceutical services for MDR-TB treatment improved

Lack of leadership and weak management, especially at the service delivery and community levels, are some of the challenges that contribute to weak laboratory systems and pharmaceutical services. Developing strong leadership and management skills will allow health workers and community volunteers to respond to difficult situations to improve program performance and results. To help face the challenges in NTP implementation, we will work with NTP/NTRL, LCP, DOH, LGUs, and other stakeholders and partners in human resource development, to

develop the leadership and management skills and practices of health workers including community partners and volunteers.

For the 2012/13 workplan, we will support Quezon City Health Department (QCHD) to build their capacity to organize community management teams within impoverished communities (barangays) in the city. We will help QCHD improve the capacity of community (barangay) management teams to lead and manage health programs. Technical assistance will also be provided to QCHD in monitoring and evaluating the community management teams' performance and its results.

Key Activities:

- We will provide technical advice and tools to QCHD to build their capacity in organizing community management teams. We will also provide tools and technical materials to improve their capacities in conducting planning workshops for community management teams, improving the teams' leadership and management practices, and in monitoring and evaluating the community teams' performance.

Expected Key Outputs:

- Practical guide to organizing community management teams
- Practical tools/guides for planning, coordinating, monitoring, and evaluating programs at community level
- Functional community health management teams organized in at least five areas
- Community teams' action plans
- Monitoring and evaluation activities conducted

Key Indicators:

- Number of functional community management teams established
- Number of team action plans developed
- Number of monitoring reports with actionable recommendations

Expected Key Results:

- Program managers of Quezon City Health Department are enabled to organize functional community management teams
- Improved coordination and collaboration among stakeholders and other players in health in the community
- Program management at community level is strengthened with greater community participation
- Delivery of health services is improved with better results

Sub-objective 1.3: Capacity for supply chain management improved

SIAPS will increase capacity in the pharmaceutical and laboratory supply chain management of the National TB Program. We will coordinate with NTRL for laboratory supplies, LCP for the PMDT drugs, PBSP for the procurement, MMD for the storage and distribution, and the treatment facilities for the storage and use, to have a total view of the linkages for the purpose of improving functions, efficiency and coordination. SIAPS will also work with the NTP and MMD

to develop a training plan for the roll out of the action-oriented practical guide for pharmaceutical management to the regional warehouses. SIAPS will be working on several interventions in this sub-objective.

Activity 1.3.1: **Support the development of the training plan and job aids for the action-oriented *Practical Guide for TB Pharmaceutical Management***

Under the SPS Program the Philippines team assisted in the coordination and development of a Procurement and Supplies Management Manual of Procedures (PSM MOP). To promote cost-sharing it was agreed with PBSP, as the Global Fund principal recipient, that PBSP would print the document upon approval of NTP while SIAPS would develop and implement the plan for the roll out. As an off-shoot of the PSM MOP, NTP requested SIAPS to develop an action-oriented *Practical Guide for TB Pharmaceutical Management*. The objective of the action-oriented practical guide is to provide a concise document with easily accessible references for the TB supply officers in the field. SIAPS will provide technical assistance to the NTP and the DOH Materials Management Division (MMD), the central warehouse manager who oversees distribution to and training of regional warehouses, in the development of a training plan of the action-oriented practical guide and job aids. Development and distribution of the action-oriented practical guide and the training plan will support and help the training of the health workforce and ultimately improve pharmaceutical management practices and services.

Key Activities:

- Finalize and print the action-oriented *Practical Guide for TB Pharmaceutical Management.*
- Assist NTP and MMD in the development of a training plan.
- In collaboration with NTP and MMD, assist in the development of job aids for use to supplement the guide.

Expected Outputs:

- Printed NTP-approved action-oriented *Practical Guide for TB Pharmaceutical Management*
- Training plan of action-oriented *Practical Guide for TB Pharmaceutical Management*
- Job aids design

Key Indicators:

- Action-*oriented Practical Guide for TB Pharmaceutical Management* approved by NTP
- # of regional warehouses with action-oriented *Practical Guide for TB Pharmaceutical Management*
- Draft of training plan developed with NTP

Expected Result:

- Improved pharmaceutical management capacity at the regional warehouse level

Activity 1.3.2: Improve capacity of the supply chain management system for laboratories and pharmaceutical services at the central Level

NTRL manages the forecasting, distribution, and monitoring of laboratory supplies, which includes recurring supplies for laboratory diagnosis in Xpert MTB/RIF. See Figure 3 below for the current flow of PMDT laboratory supplies. Since most of the PMDT laboratory supplies are currently funded by GFATM, the principal recipient of GFATM is still included as part of the procurement process. At the request of NTRL, the SPS Philippines team provided a short orientation on laboratory supplies management. SIAPS will continue to strengthen the capacity of NTRL in the forecasting of laboratory supplies including budget preparation and supply distribution. SIAPS will work with NTRL in the collection and analyses of data and information (i.e. analyzing what is currently happening, what is working and what is not working, inventory records, consumption reports, etc.) through key person interviews and desk review at the central and peripheral culture centers. Information will be provided back to NTRL including an analysis and recommendations for improvement of the system in laboratory supplies forecasting, quantification, distribution, and budgeting. The MMD will also be included in this activity depending on their role in the PMDT laboratory supplies management.

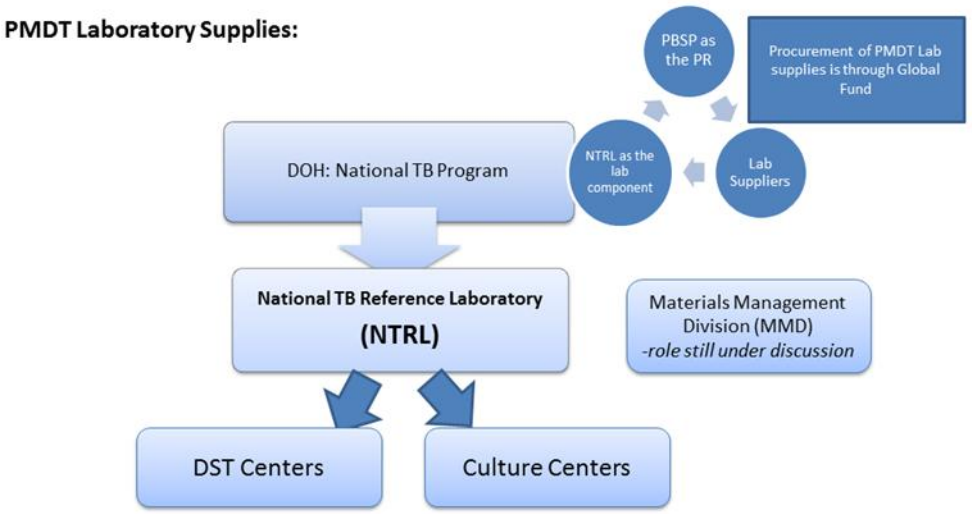
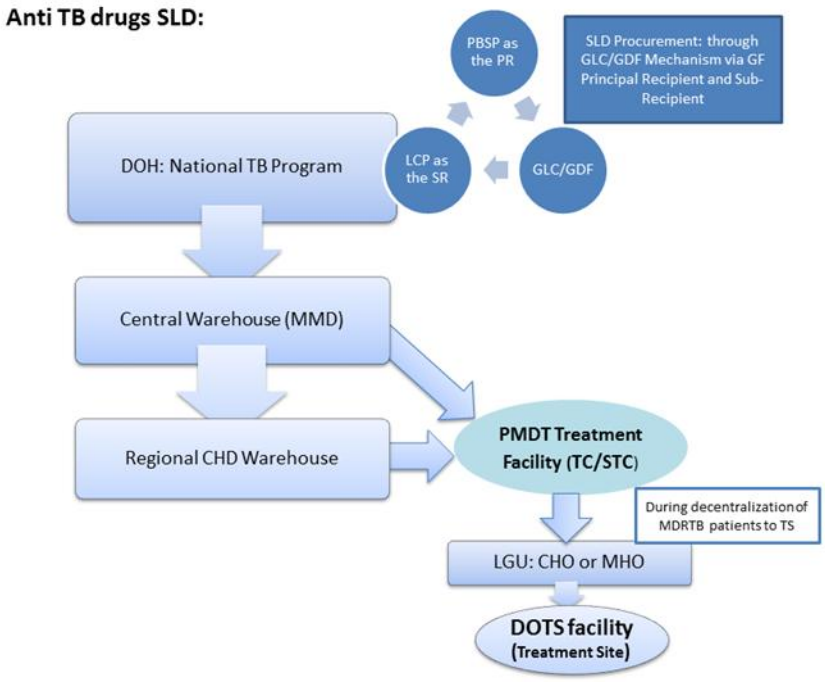


Figure 3. Management of PMDT Laboratory Supplies

LCP, as the PMDT implementer oversees the overall management of SLDs and PMDT laboratory supplies, from forecasting, distribution, and monitoring of TCs and satellite treatment centers (STC). See Figure 4 below for a depiction of the PMDT management of SLDs. Previously, support to LCP as the implementing arm of NTP for the PMDT, was intensive. The SPS Philippines team provided training and regular reviews on the forecast of the SLD status. SIAPS will continue to support the pharmaceutical management of the

PMDT central level. SIAPS will include and involve key stakeholders in capacity building to strengthen their management capacity and services in pharmaceutical management. These include the PBSP, as the GFATM principal recipient responsible for the procurement, and MMD, as the central warehouse responsible for the storage and distribution of PMDT SLD.



Selection	*NTP through LCP as the PMDT implementing agency*
Procurement	*Through PBSP as the Global Fund PR*
Distribution	*From MMD as the central warehouse to the regional warehouse and/or to the TC/STC. Passing through LGUs for the TS*

Figure 4. Management of PMDT second-line anti-TB medicines

Ultimately, the expected result of this capacity building is for the NTRL (for PMDT lab supplies), LCP (for the SLD), PBSP, and MMD to have a sustainable supply of qualified managers and health workers for pharmaceutical and laboratory supplies management functions.

Key Activities:

- Work with NTRL to strengthen forecasting, quantification, and distribution of PMDT laboratory supplies.
- Work with LCP, PBSP, and MMD to improve SLD management, particularly in forecasting and distribution.

Expected Outputs:

- Recommendations report for laboratory supplies management
- NTRL and PMDT staff mentored in forecasting and quantification
- Validated procurement form of laboratory supplies and SLD
- Validated distribution plan of laboratory supplies and SLD

Key Indicators:

- % of treatment centers with no stock outs of SLD in the last year
- # of operating culture centers and DST centers with no stock outs of laboratory supplies on a tracer list in the last year
- Actions taken following recommendations
- Quantifications done by LCP and NTRL themselves

Expected Results:

- Uninterrupted supply of SLD and laboratory supplies
- Increased capacity at the central level for pharmaceutical and laboratory supplies management functions

Activity 1.3.3: Strengthen second line drug (SLD) management practices at the peripheral level

SIAPS will continue to support the pharmaceutical management of the PMDT with a new additional focus on peripheral level capacity in pharmaceutical management. As requested by LCP, SIAPS will conduct workshops on SLD management for TCs, STCs, and TC community point persons, which are the staff at the TC responsible for drug distribution and coordination with the treatment sites (TS). Strengthening the capacity in SLD management practices will lead to increased knowledge and improved practices at TCs, STCs, and TS levels.

SIAPS will work to improve pharmaceutical management at the TC level by working with LCP in monitoring pharmaceutical practices and assisting in the identification of problems, prioritization of activities, and improvement of processes. SIAPS will also strengthen the mechanism of inventory reporting to DOH-NTP, MMD, and Center for Health Department (CHD) offices. This activity would essentially lead to an improvement of pharmaceutical capacity at the treatment facility level: TCs, STCs, and TS. In addition, this would improve the leadership and capacity of LCP to provide pharmaceutical management technical assistance at the peripheral sites.

Key Activities:

- Conduct workshops on SLD management for STCs and TC.
- Work with LCP in coordinating with TCs and STCs in improvement of pharmaceutical management practices and processes.

Expected Outputs:

- Technical report of workshop/s conducted
- Report on recommendations to improve practices at the treatment facilities

Key Indicators:

- # of treatment centers with less than 5% of drugs in a tracer list with error in inventory
- # of PMDT staff trained

Expected Results:

- Improved pharmaceutical management at the treatment facility levels
- Improved leadership capacity of the LCP to provide pharmaceutical management technical assistance to the peripheral levels
- Reduced wastage and expiration of drugs and supplies

Objective 2: Capacity for transparent and evidence-based decision making increased

In this work plan, the focus of SIAPS will be to enable national partners to become more effective decision makers. We will work closely with NTP and national level working groups and other stakeholders to promote a better understanding of the information needs of the TB program by reinforcing the linkage of health information systems with the particular needs of the various levels and sectors of the health services. SIAPS Philippines will provide technical assistance in establishing a common vision for the TB information needs for the future that will support the enhanced delivery of laboratory and pharmaceutical services.

We will assist NTP improve its TB/health information system by helping develop and implement a plan for the system strengthening process. We will help organize a technical working group (TWG) that will lead the change process, and actively participate in the working group's activities. SIAPS will help organize and facilitate workshops, provide tools or instruments of proven effectiveness that the group can use in its development work, assist the development and implementation of capacity building activities to improve health workers' skills in information management, and if requested, bring technical experts who will provide expert guidance to the development work.

We will continue to assist NTP to change their online reporting tool from e-TBM to the new DOH-IMS Integrated TB Information System. SIAPS will assist the NTP by providing technical leadership and assistance in data migration and developing a well-defined road map plan for NTP to transition from e-TBM. SIAPS will continue to provide technical assistance to support NTP, PMDT, and IMS until full transition of e-TBM has been achieved. SIAPS will continue to support long term forecasting and quantification of SLD medicines to strengthen the existing pharmaceutical management system and share information with relevant stakeholders. SIAPS will support the NTP to regularly check data generated from end users for accuracy and quality.

Sub-Objective 2.1: TB information management system enhanced to support both products and patients

SIAPS will work with NTP, NTRL, LCP-PMO, WHO, IMS, NEC, and national-level working groups and key stakeholders to develop and implement a plan of activities to strengthen the

information system. We will help organize a TWG that will lead the implementation of the plan's activities.

Key Activities:

- Work with NTP to organize a working group that will lead activities to enhance the TB information management system, assist NTP organize and facilitate meetings and workshops to discuss and plan actions to strengthen the TB information system including improvements in recording/reporting, review and revision of indicators in the TB M&E plan.
- Collaborate with NTP and other partners to organize and facilitate workshops to enhance the processes, policies, procedures and structures for recording and reporting.
- Work with NTP and other partners to develop practical guides for data analysis and interpretation to aid decision making for service delivery and program management.
- Assist NTP, in collaboration with other technical partners, to develop a plan for enhancing the TB information system, and assist in the implementation of the plan.

Expected Outputs:

- Functional national working group organized for the enhancement of the TB information system
- TB information management system enhancement plan developed
- Enhanced recording and reporting policies and procedures including a revised set of TB indicators
- Practical guide for data analysis

Key Indicators:

- Reports of national working group meetings
- NTP plan to enhance the TB information system

Expected Key Results:

- Health workers' capacity to manage and use information for health program implementation increased
- Decision making capacity for pharmaceutical management is improved

Sub-Objective 2.2: Availability of quality TB data increased and used for decision making

Assist NTP in the implementation of TB information system. NTP is changing their online reporting tool from e-TBM (MSH tool) to the DOH-IMS Integrated TB Information System (a DOH developed tool), SIAPS will assist the NTP by providing technical leadership and assistance in data migration and developing a well-defined road map plan for NTP to transition away from e-TBM.

SIAPS will also provide technical guidance in the development of an overarching management information system (MIS) strategy/plan framework for the NTP. This involves understanding the information needs around TB by defining the maturity of the current MIS, availability of

information, data quality, logistics management, and MIS tools. SIAPS will provide technical assistance in establishing a common vision for the TB information needs for the future and enhance delivery of laboratory and pharmaceutical services. SIAPS will continue to provide technical assistance to support NTP, PMDT, and IMS until full transition of e-TBM has been achieved.

SIAPS will continue to support long term forecasting and quantification of SLD medicines to strengthen existing pharmaceutical management system and share information with relevant stakeholders. Data generated from end users will regularly be checked for accuracy and quality.

Key Activities:

- In collaboration with NTP and IMS, assist in the transition activities from e-TBM to ITIS including data migration and development of a transition plan.
- In collaboration with DSM prepare monthly reports for NTP managers and implementers on procurement, stock and distribution status.
- Support MDR-TB treatment centers and sites to provide adequate monthly quality data of supplies.
- Develop and implement standard operating procedures (SOPs) specifically to monitor data quality, validate with e-TBM during transition and confirm with the new ITIS system.
- Develop and produce semi-annual newsletter.

Expected Outputs:

- ITIS transition plan is developed and implemented
- Data quality monitoring SOPs developed for the transition from e-TBM to ITIS
- Supply management data generated and disseminated to key managers on a regular basis

Objective 3: Pharmaceutical services strengthened for improved outcomes in TB case management

SIAPS will assist NTP and NTRL in developing guidelines for implementing new diagnostics to improve their efficiency and effectiveness, as well as their availability and accessibility to underserved groups. SIAPS will help build capacity in pharmaceutical and supply management that will help ensure availability of anti-TB drugs and other supplies so that services will not be interrupted. SIAPS will assist NTP/PMDT to strengthen ADR surveillance to better address adverse drug reactions that, as a group, is causing many patients to default from treatment. Under the PV activity, SIAPS will work to build a system on ADR reporting, recording and analysis.

Sub-Objective 3.1: Pharmacovigilance system is strengthened to ensure patient safety and therapeutic effectiveness

As part of the assessment of the pharmacovigilance systems in the Asian region, SIAPS has started to collaborate with the Philippines FDA and other stakeholders towards improving the PV system of the country. SIAPS will continue to work with the PV stakeholders and FDA to disseminate the results of the assessment to the TB stakeholders. In addition, SIAPS will

generate venues for discussion to strengthen coordination amongst the FDA, NTP and WHO, and support the development of a strategic framework for monitoring the safety of TB medicines in the country. The TB Pharmacovigilance Framework will include systems for ADR reporting, recording and analysis. SIAPS will leverage funding from the SIAPS Global Pharmacovigilance portfolio to support the development of protocols, tools and implementation plans for active surveillance in the second year. These protocols and tools will guide the provision of trainings and data collection at the sentinel sites in subsequent years.

Key Activities:

- Strengthen and support the FDA ADR Technical Group/Pharmacovigilance Unit.
- Support the development of a PV framework and active surveillance tools for the TB program.

Expected Outputs:

- PV framework which includes system for ADR reporting, recording and analysis
- Active surveillance tools for TB

Key Indicator:

- Surveillance tools developed
- PV Framework developed and incorporated in the NTP MOP

Expected Results:

- Improved rational use of TB medicines

Sub-Objective 3.2: Availability of pharmaceutical and laboratory services improved

SIAPS will help NTP/NTRL revise and finalize the policies and guidelines for the use of new diagnostic technologies (e.g. Xpert MTB/RIF; LPA, LED fluorescent microscopy, and liquid culture). These guidelines will help ensure that these technologies are accessible to population groups that are most in need, and are supported by appropriate management systems for sustainability. SIAPS technical assistance to improve laboratory supply management (Objective 1) will contribute to the strengthening of service delivery capacity for new diagnostics.

SIAPS will also help monitor and evaluate the implementation of these tools by organizing field visits and technical meetings, and preparing technical notes. We plan to work with NTP/NTRL in Year 3 to reassess the program's needs for new diagnostic tools in the future. Towards the end of the project, we intend to help NTP/NTRL assess the impact of these technologies on the program.

Key Activities:

- Assist NTP and NTRL in reorganizing the laboratory working group that will revise the guidelines for new diagnostics under the leadership of NTRL; organize and facilitate meetings in support of the guidelines development.

- Assist NTRL, together with NTP, LCP-PMO, and WHO, organize consultative meetings with other partners and stakeholders to discuss the draft guidelines to solicit comments and suggestions, and obtain approval from DOH.
- Assist NTRL in printing an initial batch of the revised guidelines, and organizing and facilitating forums for dissemination of the guidelines.
- Organize, and participate in, field monitoring visits in selected areas at least once every quarter.

Expected Outputs:

- Functional laboratory working group
- Revised, approved guidelines for the adoption of new diagnostic technologies in NTP
- Printed copies of guidelines (number to be determined)
- Monitoring reports on the implementation of new diagnostics

Key Indicator:

- Number of reports of working group meetings
- Guidelines for adoption of new diagnostics developed
- Number of monitoring reports with actionable recommendations

Expected Results:

- Improved access to TB pharmaceutical services as a result of using new TB diagnostic technologies
- Management of supply chain for new TB diagnostics improved

Knowledge Management

The creation, storage, retrieval, transfer and application of SIAPS Philippines experiences, insights, best practices, tools and other products will focus on the technical objectives of this work plan. SIAPS will create, represent, distribute materials and insights with counterparts and will adopt systems to enable the sharing and distribution of knowledge. SIAPS through dialogue, team building and close collaboration with counterpart and stakeholders will ensure that documents are developed, approved, shared and distributed to intended beneficiaries.

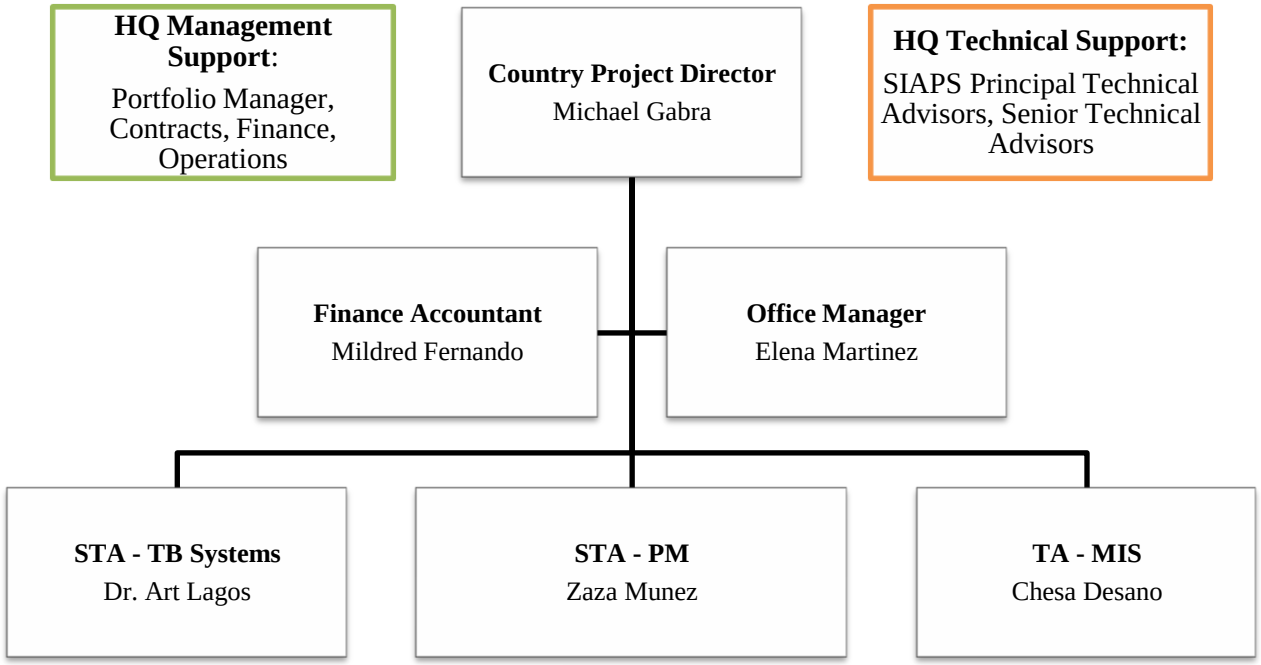
Typically SIAPS will document the diagnosis of the problems, engage in a dialogue with national counterparts for the best way forward and document decisions to support the implementation of any activity.

SIAPS will use existing SIAPS technologies to document and record in the strategic monitoring system (SMS). Additionally, SIAPS will make necessary provisions to disseminate and share information with USAID, NTP and national counterparts during meetings and workshops. SIAPS will use existing network of stakeholders in TB to share and distribute online progress made, know- how and results. Funds permitting, SIAPS will engage a short term consultant to develop a SIAPS semi-annual newsletter.

Given the multitude of stakeholders in TB, SIAPS will ensure that critical and important information is shared and disseminated on time. SIAPS will encourage learning exchanges and will share key results of ongoing work. Results will be communicated with NTP and USAID office.

SIAPS will participate in TWGs relevant to TB management and other consultative meetings with end users and will work closely with stakeholders to share and disseminate SIAPS results. Furthermore SIAPS will organize quarterly technical brown bag meetings to share latest updates and results.

TECHNICAL RESOURCES



Given the proposed increase in the activities and results to accomplished, the SIAPS Philippines team will be initially composed of 7 staff. If SIAPS Philippines receives additional funds in Year 2 we propose to hire additional staff to support the monitoring and evaluation (M&E), Pharmacy and Laboratory activities.

This team will be headed by the Country Project Director. Three Senior Technical Advisors will be leading the M&E, TB Laboratory and Clinical System and TB Pharmaceutical Management components respectively. A Technical Advisor will also be leading the work supporting the MIS. Supporting the technical team will be an Office Manager and an Accountant.

To accomplish some parts of the work plan, SIAPS Philippines will engage several external local consultants, in particular for issues surrounding HR and Financing.

SIAPS headquarters (HQ) support will be required to support SIAPS Philippines activities in the following areas:

- Laboratory (Catherine Mundy)
- Pharmacy and PV (Pharmaceutical Systems Cluster)
- M & E (Performance and M&E Specialist)
- Technical Strategy and Quality (David Lee)

PROGRAM MANAGEMENT

Technical Activity Coordination And Monitoring

This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.

SIAPS Philippines team will be guided by HQ staff, mainly the SIAPS Portfolio Manager, with additional support from the Center for Pharmaceutical Management (CPM) Vice-President, SIAPS Director, Deputy Directors, M&E, Knowledge Management and Capacity Building staff. Administratively, HQ Contracts, Procurement, HR, IMS, etc. will also be assisting the local team in these specialized aspects.

Office Management and Operations

SIAPS Philippines will rent an office space enough and convenient for the proposed staffing, a few spaces for HQ visitors and consultants, and conference room for meetings. Other than the rent, maintenance of the office will be under this activity which includes overheads for the security, electricity, water, telephone line, internet access, office supplies, equipment and, renovation and repairs.

Included in the office management activity are annual government mandatories such as renewal of business permit, licenses, Security and Exchange Commission and Bureau of Internal Revenue (BIR) registrations and, statutory audit of financial statements. Also, coordination with HQ and other offices will require shipping of documents, equipment, etc.

SIAPS HQ admin/accounting support will be required to support SIAPS program management.

SIAPS will also build the capacity of SIAP staff and will continue to encourage staff to join online courses offered by MSH.

MONITORING AND EVALUATION

To ensure implementation of the technical objectives and their corresponding sub-objectives, objectively verifiable indicators are set per each result area (objective and sub-objective). This work plan includes lists of outputs as well as expected outcomes and indicators (See Annex A). In the absence of an M&E Senior Technical Advisor, the technical lead point person per activity will be working with the Country Program Director on tracking and documenting results.

BUDGET AND FUNDING

USAID SIAPS Philippines funding levels for year 1 is $300K and for year 2 is $ 600K.

USAID Philippines has committed $600,000 to SIAPS for the implementation of proposed activities in this work plan for the period of October 2012 – September 2013. In addition to the Year 2 funding, SIAPS Philippines has a pipeline of approximately $281,000 remaining from Year 1 funding.

The total available SIAPS fund for this work plan is approximately $881,000. The timeline for the implementation of SIAPS work plan and activities is from October 2012 to September 2013.

Under this work plan the project has planned to use several local consultants, and LOE of HQ staff which can be found in Annex C. Technical Resources and Related Travel. In addition a number of temporary duty (TDY) trips for project management and program meetings have also been planned for.

ANNEXES

A. Performance Monitoring Matrix

Program Goal: To improve systems for increased access to quality health technologies and effective services to reduce the burden of TB in the Philippines						
Description of Program Objectives and Sub-Objectives	**SIAPS Result or sub-result areas**	**Related USAID result area**	**Performance Indicators**	**Indicator Target for this AWP**	**Description of Activities contributing to Program objectives and sub-objectives**	**Activity Products or Deliverables**
Objective 1: Capacity for Pharmaceutical and Laboratory Supply Management Improved						
Sub-Objective 1.1: Capacity of the Human Resource System for Laboratories and Pharmaceutical Services in PMDT Improved	IR2: 2.1	IR 1.4.3-3	1. Number of human resource assessments done 2. Number of human resource development plans formulated 3. Revised job designs for NTRL and LCP TB lab 4. Updated national training plan and policy formulated	1. Two HR assessments are conducted 2. Three HR plans are developed 3. A national level lab training policy is formulated 4. A national level lab training plan is developed	1. Assist NTP, NTRL, PMO/LCP, in collaboration with HHRDB/DOH and PBSP, and other stakeholders, to assess the existing human resource management system in TB pharmaceutical and laboratory services 2. Assist NTP, NTRL and PMO/LCP to formulate a human resource development plan 3. Review and develop updated TB laboratory national training policies, plan, and budget.	1. HR assessment report for PMDT and lab network, 2. HR plans for NTRL, LCP-TB lab, rest of lab network, PMDT clinics, 3. National lab training plan, 4. National lab training policy

Program Goal:
To improve systems for increased access to quality health technologies and effective services to reduce the burden of TB in the Philippines

Description of Program Objectives and Sub-Objectives	SIAPS Result or sub-result areas	Related USAID result area	Performance Indicators	Indicator Target for this AWP	Description of Activities contributing to Program objectives and sub-objectives	Activity Products or Deliverables
Sub-Objective 1.2: Capacity of Laboratory and Clinic Health Workers to Lead and Manage Pharmaceutical Services for MDR-TB Treatment Improved	IR 2.1	IR 1.4.3-3	1. Number of community management teams established 2. Number of team action plans developed 3. Number of monitoring reports	1. At least 5 community teams organized 2. Action plan for each community team 3. At least 5 monitoring reports	We will provide technical advice and tools to Quezon City health department to build their capacity in organizing community management teams. We will also provide tools and technical materials to improve their capacities in conducting planning workshops for community management teams, improving the teams' leadership and management practices, and in monitoring and evaluating the community teams' performance.	1. Functional community management teams 2. Guide for organizing functional community teams 3. Community team action plans 4. Monitoring reports

Program Goal:
To improve systems for increased access to quality health technologies and effective services to reduce the burden of TB in the Philippines

Description of Program Objectives and Sub-Objectives	SIAPS Result or sub-result areas	Related USAID result area	Performance Indicators	Indicator Target for this AWP	Description of Activities contributing to Program objectives and sub-objectives	Activity Products or Deliverables
Sub-objective 1.3: Capacity for Supply Chain Management Improved	IR 2.1	IR 1.4.1-2	Improved supply chain management 1. # of regional warehouse who developed action plans to improve inventory 2. % of TC with no stock outs of SLD in the last year 3. # of operating CC and DST centers with no stock outs of lab supplies on a tracer list in the last year	1. Action-guide PSM MOP approved by NTP 2. # of regional warehouse with MOP and action-oriented guide 3. A draft of the training plan developed with NTP 4. TBD# of staff mentored on forecasting and quantification 5. 2 procurement forms validated 6. 1 distribution plan validated 7. # of treatment centers/Satellite treatment centers with less than 5% of drugs in a tracer list with error in inventory 8. # of PMDT staff trained	1. Support the development of the training plan and job aids for the action-oriented Practical Guide for TB Pharmaceutical Management 2. Mentoring the forecasting, quantification, distribution and budgeting for SLD and laboratory supplies management at the central level 3. Strengthen SLD management practices at the peripheral level: TC, STC and TS	Printed action-oriented Practical Guide for TB Pharmaceutical Management, Job aids, training plan Meeting proceedings, workshop procedures, Technical report of workshop/s conducted, validated procurement form of SLD and laboratory supplies, validated distribution plan and allocation list Report on recommendations to improve practices at the treatment facilities

Program Goal:
To improve systems for increased access to quality health technologies and effective services to reduce the burden of TB in the Philippines

Description of Program Objectives and Sub-Objectives	SIAPS Result or sub-result areas	Related USAID result area	Performance Indicators	Indicator Target for this AWP	Description of Activities contributing to Program objectives and sub-objectives	Activity Products or Deliverables
Objective 2: Capacity for transparent and evidence-based decision making increased						
Sub-Objective 2.1: TB information management system enhanced to support both products and patients	IR 3		1. Reports of national working group meetings 2. TB information system enhancement plan developed 3. Recording and reporting system enhanced	1. At least 4 working group meeting reports 2. NTP information system enhancement plan 3. Revised policies, procedures, and indicators developed	1. Organize national working group to enhance TB information management system 2. Assist NTP develop plan for enhancement of TB information system	1. Functional working group organized to enhance TB information system 2. TB information system enhancement plan 3. Enhanced recording and reporting policies and procedures including a revised set of TB indicators 4. Practical guide for data analysis
Sub-Objective 2.2.: Availability of Quality TB Data increased and used for decision making	IR3				1.IT IS is in place, quality data generated from new system 2. DSM has monthly quality data for NTP managers 3.Support and build capacity of TC to produce quality data 4. SOPs is in place 5. SIAPS semi-annual newsletter	1.IT IS transition plan is developed and implemented 2.SOPS developed 3. Monthly reported generated

Program Goal:
To improve systems for increased access to quality health technologies and effective services to reduce the burden of TB in the Philippines

Description of Program Objectives and Sub-Objectives	SIAPS Result or sub-result areas	Related USAID result area	Performance Indicators	Indicator Target for this AWP	Description of Activities contributing to Program objectives and sub-objectives	Activity Products or Deliverables
Objective 3: **Pharmaceutical Services Strengthened for Improved Outcomes in TB Case Management**						
Sub-objective 3.1 Pharmacovigilance system is strengthened to ensure patient safety and therapeutic effectiveness	IR 5.2	1.4.1-2	1. # of active surveillance tools developed 2. # of TB ADR reports generated by the surveillance system 3. # of recommendations for decision as a result of TB PV data reports 4. # of medicines safety actions reported	1 Surveillance tools developed 2. TBD # of safety actions reported 3. PV Framework incorporated in the NTP MOP	Activity 3.1.1 Support the development of PV framework and active surveillance tools for the TB program	TB PV framework, active surveillance tools
Sub-objective 3.2 Availability of pharmaceutical and lab services improved	IR5:5.4	1.4.1-1	1. Number of working group meeting reports 2. Revised guidelines for new diagnostics developed 3. Number of monitoring reports with actions taken based on recommendations	1. At least 6 working group meeting reports 2. Guidelines developed 3. At least 4 monitoring reports	1. Assist NTP/NTRL reorganize laboratory working group for formulation of guidelines for new diagnostics 2. Assist NTP.NTRL conduct consultative meetings for DOH approval 3. Participate in monitoring activities for implementation of new diagnostics	1. Functional working group 2. Revised guidelines for adoption of new diagnostics 3. Printed copies of guidelines 4. Monitoring activity reports

B. Annual Activity Monitoring Matrix

Activities (1)	Technical Area 1 (2)	Technical Area 2 (2)	Partners and Collaborators	Lead Technical Staff	SIAPS Philippines Timeline													
					Y1		Y2 (OCT 2012-Sept 2013)											
					Q4		Q1			Q2			Q3			Q4		
					A	S	O	N	D	J	F	M	A	M	J	J	A	S
Sub Objective 1.1. **Activity 1.1.1** Assist NTP, NTRL, PMO/LCP to assess existing HR management System in TB PH and Labs, PMDT Clinics	Pharmacy and Lab :Organizational Development & Supply Planning	Pharmaceutical and Laboratory services	RITM/NTRL NTP CC	M.Gabra Z.Munez Art Lagos														
Activity 1.1.2 Assist NTP, NTRL and PMO to formulate a human resource development plan for TB PH and Labs	Pharmacy and lab :Organizational Development & Supply Planning	HR/capacity development	NTP RITM /NTRL LCP CC TC	Z Munex A.Lagos M Gabra														
Activity 1.1.3 Review, Develop, Update TB Laboratory national training policies, plans & budgets	Lab: Organizational development	HR capacity development	NTP NTRL RITM	A.Lagos M Gabra														
Sub Objective 1.2 **Activity 1.2.1** Support to Quezon City Health Management Team in organizing community management teams	Pharmacy and lab :Organizational Development & Supply Planning	HR/Capacity development	NTP LCP QCHD	Art Lagos M.Gabra Z.Munez														
Activity 1.2.2 Provide TA to develop tools, materials, improve capacities of community management teams	Pharmacy and lab :Organizational Development & Supply Planning	HR/Capacity development	NTP NTRL QCHD	Art Lagos M.Gabra Z.Munez														
Sub Objective 1.3 **Activity 1.3.1** Support the development of training plan and job aids for the action oriented Practical Guide for Pharmaceutical	Governance	Pharmaceutical Management	NTP PMDT	Z. Munez M Gabra														

Activities (1)	Technical Area 1 (2)	Technical Area 2 (2)	Partners and Collaborators	Lead Technical Staff	SIAPS Philippines Timeline													
					Y1		Y2 (OCT 2012-Sept 2013)											
					Q4		Q1			Q2			Q3			Q4		
					A	S	O	N	D	J	F	M	A	M	J	J	A	S
Activity 1.3.2 Improve capacity of the supply Chain Management System for Laboratories and Pharmaceutical Services at the Central Level	Pharmaceutical and Laboratory Services	Supply Chain Management	NTP LCP FDA WHO	M.Gabra Z.Munez Art Lagos														
Activity 1.3.3 Strengthen SLD management practices at the Peripheral Level	Pharmaceutical services	Supply Chain Management	NTP PMDT TC &TS NTRL	Z Munez M Gabra														
Sub Objective 2.1. **Activity 2.1.1**. Organize working group, support with NTP to enhance TB Information Management Systems	Pharmaceutical Management Information Systems (PMIS)	Information Management	NTP LCP IMS	Z. Munez C Desano Art Lagos M Gabra														
Activity 2.1.2 Assist NTP to develop a plan enhancing TB Information System, assist in implementation of plan	Pharmaceutical Management Information Systems (PMIS)	Information Management	NTP NTRL LCP IMS	Art Lagos Z Munez C.Desano M Gabra														
Sub Objective 2.2. **Activity 2.2.1** Assist NTP and IMS in the transition of data from eTB	Pharmaceutical Management Information Systems (PMIS)	Information Management	NTP PMDT NTRL IMS	C. Desano														
Activity 2.2.2 With DSM prepare monthly Consumption and Inventory reports	Pharmaceutical Management Information Systems (PMIS)	Information Management	NTP PMDT NTRL IMS	C.Desano Z.Munez														
Activity 2.2.3. Support MDR TB TC to provide adequate monthly data	Pharmaceutical Management Information Systems (PMIS)	Information Management	NTP PMDT NTRL IMS	Z. Munez C. Desano														

Activities (1)	Technical Area 1 (2)	Technical Area 2 (2)	Partners and Collaborators	Lead Technical Staff	SIAPS Philippines Timeline													
					Y1		Y2 (OCT 2012-Sept 2013)											
					Q4		Q1			Q2			Q3			Q4		
					A	S	O	N	D	J	F	M	A	M	J	J	A	S
Activity 2.2.4 Develop and implement SOP to monitor data quality	Pharmaceutical Management Information Systems (PMIS)	Information Management	NTP PMDT NTRL IMS	C.Desano Munez														
Activity 2.2.5 Develop and produce SIAPS semi-annual letter	Knowledge Management	Knowledge Management	Collaboration with all Stakeholders	SIAPS TEAM														
Sub Objective 3.1 **Activity 3.1.1.** Strengthen and support FDA ADR Technical Group/PV unit	PV & Safety of Medicines		NTP PMDT PMDT FDA	Z.Munez A.Lagos M.Gabra														
Sub Objective 3.2 **Activity 3.2.1** Assist NTP and NTRL in reorganizing the laboratory working group to revise guidelines, organize consultative meeting in support of guideline development	Pharmacy and Laboratory Services		NTP PMDT NTRL WHO	A.Lagos Z.Munex M.Gabra														
Activity 3.2.2 Print and disseminate guidelines	Pharmacy and Laboratory Services		NTP NTRL PMDT WHO	A.Lagos Z.Munez M.Gabra														
Activity 3.2.3 organize and participate field monitoring visits of TCs	Pharmacy and Laboratory Services		NTP NTRL PMDT	A.Lagos Z.Munez M.Gabra														

C. Technical Resources And Related Travel

Activity Requiring Technical Resource	Technical Person (if known) or Technical Area and level Required	Expected Outcome or Deliverable of TA	FY13 Estimated LOE in Days				FY13 Estimated TA-Related Travel in Days			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1. PV	HQ Technical Experts: David Lee, Jude Nwokike	Assist in the development and review of PV Framework		3	3					
2. PV	Local Consultant TBD	Coordinate TB PV stakeholders		10	10					
3. Pharmacy	Local Consultant TBD	Data collection and coordination/ pharmacy stakeholders		5	5	5				
4. HR – NTRL	Prof. Lorenzo	HR Assessment reports, HR Plans	10	10	10	10				
5. Financing – NTRL	Local Consultant TBD	Laboratory mapping and development of financing strategies		10	10					
6. STTA, Laboratory	Local Consultant TBD	Data collection and coordination/ lab stakeholders	10	10						
7. Lab LMDP	HQ Principal Technical Advisor: C. Mundy	Review of revised LMDP course	3		3					
8. Pharmacy	Capacity Bldg and Performance improvement unit	Review of training plan for the action-oriented PSM MOP			10					
9. Portfolio Management TDY	Portfolio Manager: Dawn Greensides	Trip Report			10				10	
10. SIAPS Senior Management TDY	SIAPS Director or Deputy Director	Trip Report		7				7		
11. Global SIAPS Meeting	CPD: Michael Gabra	Trip Report			7				7	
12. Regional TB conference	SIAPS Staff	Trip Report	5				5			

D. Activity Budget Matrix

Sub-Objective	Required Resources					
	Salaries	Consultants	International Travel	Sub-Awards	Other Costs	Total Budget
Sub-Objective 1.1: Capacity of the Human Resource System for Laboratories and Pharmaceutical	$81,063	$18,131			$119,706	$218,900
Sub-Objective 1.2: Capacity of Laboratory and Clinic Health Workers to Lead and Manage Pharmaceutical Services for MDR-TB Treatment	$19,133	$2,501			$30,032	$51,666
Sub-Objective 1.3: Capacity of the Supply Chain Management Improved	$89,915	$9,877			$143,010	$242,802
Sub-Objective 2.1:TB Information Management System Enhanced to Support Both Products and Patients	$44,755	$2,501			$73,599	$120,855
Sub-Objective 2.2: Availability of Quality TB Data Increased and Used for	$35,565	$2,501			$57,973	$96,039
Sub-Objective 3.1: Pharmacovigilance System is Strengthened to Ensure Patient Safety and Therapeutic Effectiveness	$23,679	$3,126			$37,136	$63,941
Sub-Objective 3.2: Availability of Pharmaceutical and Laboratory Services Improved	$32,164	$2,501			$52,189	$86,854
TOTAL						**$881,057**