

# SEVENTH QUARTERLY PERFORMANCE REPORT

01 April – 30 June 2004



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By:  
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**SEVENTH QUARTERLY PERFORMANCE REPORT**  
**01 April - 30 June 2004**

**PHILIPPINE TIPS**  
**(Tuberculosis Initiatives for the Private Sector)**

**CONTRACTOR:** Chemonics International, Inc.  
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## ACRONYMS

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ASI	American Standard Incorporated
BFAD	Bureau of Food and Drugs
CAA	Communication/Advocacy Advisor
CADPI	Central Azucarera Don Pedro, Inc.
CDC	Center for Disease Control
CHD	Center for Health Development
CME	Continuing Medical Education
CMS	Commercial Market Strategies
CSR	Corporate Social Responsibility
CUP	Comprehensive and Unified Policy for TB
DLSU	Dela Salle University
DOH	Department of Health
DOLE	Department of Labor and Employment
DOTS	Directly Observed Treatment, Short Course
DSAP	Drugstores Association of the Philippines
FACE	Foundation for the Advancement of Clinical Epidemiology, Inc.
FDC	Fixed-Dose Combination
GDF	Global Drug Facility
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HMO	Health Maintenance Organization
HPDPB	Health Policy Development and Planning Bureau
HSRA	Health Sector Reform Agenda
IEC	Information Education Commission
IR	Inception Report
IUATLD	International Union Against Tuberculosis and Lung Disease
JICA	Japan International Cooperation Agency
KAGABAY	Kabataan Gabay ng Bayan
KAP	Knowledge Attitude Practice
LGU	Local Government Unit
MDH	Manila Doctors Hospital
MHO	Municipal Health Office
MMLDC	Manuel M. Lopez Development Center
MOA	Memorandum of Agreement
MOP	Manual of Procedures
MOU	Memorandum of Understanding
MTBEA	Master TB Educator Awards
NGO	Non-Government Organization
NTP	National Tuberculosis Program
NTRL	National TB Reference Laboratory

OD	Organizational Development
OR	Operations Research
OSHC	Occupational Health and Safety Commission
PAFP	Philippine Academy of Family Physicians
PAMET	Philippine Association of Medical Technologists
PBSP	Philippine Business for Social Progress
PCCI-Phil	Philippine Chamber of Commerce and Industry
PCCP	Philippine College of Chest Physicians
PCR	Philippine College of Radiology
PDF	Private Drug Facility
PDI	Pharmacy DOTS Initiative
PHIC	Philippine Health Insurance Corporation
PhilCAT	Philippine Coalition Against Tuberculosis
PMP	Performance Monitoring Plan
PPhA	Philippine Pharmaceutical Association
PPMD	Private-Public Mix DOTS
PTSI	PTSI Philippine TB Society Inc.
RCC	Regional Coordinating Committee
RFA	Rapid Field Appraisal
RGF	Roxas Gargollo Foundation
RITM	Research Institute for Tropical Medicine
SA	Situation Analysis
SDF	Single-Dose Formulation
SPN	Single Practice Physician Network
STTA	Short-Term Technical Assistance
TB	Tuberculosis
TIPC	Tripartite Industrial Peace Council
TIPS	Tuberculosis Initiatives for the Private Sector
Unilab	United Laboratories
USAID	United States Agency for International Development
UST	University of Santo Tomas
WHO	World Health Organization





## SECTION I

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### Executive Summary

The significant accomplishments of the seventh quarter are summarized below.

#### Survey on KAP of Private Physicians

- To date the roster of TB-treating physicians, comprising 8,000, has been compiled in the project's 22 sites. The survey has covered one third of the 2,200 respondents, and the situation analysis of selected DOTS clinics will be conducted in August.

#### Health Policy

- *Status of DOLE guidelines on TB in the workplace.* The Occupational Safety and Health Center has resubmitted the revised guidelines for the DOLE secretary's approval, subject to the endorsement of the Tripartite Industrial Peace Council (TIPC). The guidelines have been enhanced to make them consistent with the provisions of the Labor Code of the Philippines. Approval on the guidelines is expected in time for the PhilCAT convention, August 25-27, 2004.
- *PCCI symposium regarding TB in the workplace.* The first of a series of seminars for the member-companies of PCCI was held April 16, 2004. The seminar was aimed at promoting DOTS for TB prevention and control and case detection in the workplace, as well as promoting TB patients' rights. Potential areas for collaboration and technical assistance were identified to enable PCCI to become a strong partner against TB. For its part, PCCI has committed to looking into the possibility of developing a TB program under its corporate social responsibility (CSR) program. Plans for the project's participation to do advocacy in the Philippine Business Forum in October 2004 are being discussed with PCCI.
- *Comprehensive unified policy (CUP) Update.* The Philippine TIPS project sponsored and participated in the Workshop on the Revisions on the Manual of Procedures for the National Tuberculosis Control Program, held June 21-23, 2004. The revision was necessitated by the shift from the single-dose formulation to fixed-dose combination (FDC) of anti-TB drugs and the expansion of the service delivery network to include the public-private mix DOTS (PPMD) centers, among other policy changes. Representatives from the DOH central and regional offices, LGU TB coordinators, and representatives from the WHO, JICA, and PhilCAT attended the workshop.
- *Private sector drug facility.* The in-country PDF study team has submitted the inception and interim reports. The analysis of the issues was anchored by the preliminary assessment that there is adequate supply relative to both effective demand and unmet needs. The needs were determined by broad demographic, epidemiological, and socioeconomic data analysis. The initial recommendations from the situation analysis on the drug management system are: (a) cancel BFAD registration of non-DOTS drug strength and packaging; (b) plan for funding sources for 2007 onwards; (c) for price and quality reasons, procure internationally instead of locally; (d) use GDF direct procurement services; (e) for distribution of anti-TB drugs, tap the current drug distribution system for public DOTS for the delivery to or pick up by PPMD centers; (f) improve storage and inventory management of anti-TB drugs at all levels; and (g) on compliance with DOTS prescribed treatment and drugs, conduct training and advocacy for

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physicians and pharmacies, and use public and NGO DOTS centers. The next step will be the preparation of the PDF design, scheduled in August.

### Operations Research on New DOTS Model Development:

- *Pharmacy DOTS initiatives.* The project has successfully obtained the official endorsement from DOH and from the national and local leadership of the Philippine Pharmaceutical Association and the Drugstore Association of the Philippines. The project team has also obtained signed MOAs from all participating pharmacies in the seven (7) sites. In this regard, the project achieved a major breakthrough with the participation of three national chains: Mercury, Rose, and Watsons. Together with local drugstores, the average participating pharmacies per site is now at 20-25, greatly exceeding the expected 15 per site. The IEC and training materials have been completed and training of the pharmacists and clerks in all the seven sites is ongoing. The training is expected to be completed in August, with full implementation by end of that month. To complete the six-month schedule for full implementation, the project will request an extension of the pilot project to January 2005.
- *Workplace/workforce models.* The formal work place models have been evaluated and replication guidelines are being prepared. Mobilization for replication in three companies – Wyeth (a pharmaceutical company), Medicaid (an HMO) and GST (a medium sized manufacturing company) – has started. On the informal workforce model, two pilot projects are in different stages of development. The rural-based model in CADPI has started implementation and the urban-based model with WGA is scheduled to be launched within the next quarter.
- *Single Practice Physician Network.* Informed by the results of the rapid appraisal of single practice physicians conducted in February this year, a project consultant is now refining the implementation/work plan for the SPN model. The model, originally referred to in earlier documents as the “Virtual DOTS model,” has been re-named *DOTSLink* to emphasize the need to link all the elements of DOTS and the corresponding tasks implied under each element. Still basically virtual in nature, the model views decentralization and unbundling as necessary steps toward making DOTS a more feasible and acceptable practice for stand-alone physicians.

### DOTS Model Enhancement:

- *Final report of SA1 and enhancement program.* The final report on the first situation analysis of five private DOTS models and enhancement of four of them was submitted by FACE, the project subcontractor, in June. The report puts in one compendium the results of the first situation analysis, the enhancement plan, and the observations and recommendations after the implementation of the enhancement plan. An accompanying report is the initial replication guidelines.
- *Status of SA2 and replication guidelines.* The second situation analysis, conducted through the Institute of Philippine Culture of the Ateneo de Manila University (a Philippine TIPS subcontractor) commenced in June. SA2 will specifically examine the impact of the enhancements on quality of care as well as the efficiency and effectiveness of DOTS service delivery. The final report is expected in early August. SA2 will also provide inputs to the final replication guidelines, which will be put together by a composite team of international and local experts.

Replication/Expansion of DOTS Programs:

- *DOTS replication/expansion grant.* The formal procurement process for the grant started with the issuance of the RFA on April 1, 2004. Proposal writing workshops were conducted until early May, and applicants were given until May 31 to submit their proposals. Evaluation was conducted in June. In all, 25 proposals were received from 16 of the 22 project sites. Eighteen were found eligible and technically compliant. The project decided to hold mini competitions in four (4) cities with no proposals, specifically: Cagayan de Oro, Cebu, Bacoor, and Naga, in view of the PDI in the first three sites and the recognized high prevalence in the fourth. In early July USAID approval was obtained for the 18 recommended awardees, however final grant award scheduled within July will be made after the compliance of some grantees with conditions for award. The project expects a total of 21-22 grantees coming from 18 of the 22 project sites.

Training

- *MTBEA second round.* The second round of the MTBEA was announced April 1, 2004, and the deadline for submission of proposals was April 30. A total of 10 proposals were received and seven grants awarded. They went to Xavier University, St. Louis University, West Visayas State University, Cebu Institute of Medicine, Davao Medical School Foundation, UERM Medical Center, and Angeles University Foundation College of Medicine.
- *DOTS syllabus integration evaluation.* The project conducted a survey of how all medical schools have integrated the TB-DOTS master plan in their respective curriculum. The survey looked at the different experiences of these schools in implementing the curriculum, the problems encountered, and innovations formulated and developed. Eighteen out of 32 (56 percent) responded to the questionnaire; 12 out of 18 (67 percent) started integrating TB DOTS in their respective courses in the first 10 months of the program, while 5 out of 18 (28 percent) are in the various stages of preparing teaching learning resources prior to integration. One school actually went ahead without the available syllabus. Respondents reported that the various components of the TB-DOTS core curriculum – competencies expressed as learning objectives, content including scope and sequence of topics, teaching-learning activities, instructional resources, and plans to assess student achievement – were integrated from a minimal to moderate extent in their respective courses. This integration was also observed to be limited to certain courses and still confined in the traditional biomedical perspective. Moreover, stronger focus should be given to concepts of controlling TB. Based on the survey results, the project recommended enhancement strategies. These recommendations will be presented to all deans of Philippine medical schools in July.
- *Diagnostic committee training modules.* The project is currently preparing guidelines on the role of diagnostic committees, criteria for diagnosis, and training modules. The first training session is scheduled to be conducted during the PhilCAT convention, on August 25, 2004.

Certification

- Consultative meetings between the DOH, PhilHealth, and PhilCAT were held to flesh out issues pertaining certification. The DOH has already drafted a memorandum circular stating that the department, through the CHD Sentrong Sigla Assessors Team, will take the lead in the certification process.

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### Communications:

- *Communications research study.* The project commissioned AC Nielsen to conduct desk research on information-seeking behavior of physicians, media content analysis, and face-to-face interviews. The final report was submitted in June.

The major findings of the media content analysis are as follows:

- Extent of TB coverage: broadcasts on TB were very minimal
  - 1% among health-related topics in TV programs
  - 0.02% among total TV spots
  - 0.03% among total radio spots
- Timing: majority of TB reports or ads were aired in non-primetime
- Frequency: TB coverage was more frequent in the following months: Nov 2003 (TV programs); July 2003 (TV spots); Sept-Oct 2003 (radio spots)
- Prominence: TB had more coverage in the *Manila Bulletin* than in the *Philippine Star* or the *Philippine Daily Inquirer*
- Reporting content: TB coverage focused on the following topics: Incidence of TB infection worldwide and in the Philippines; causes and symptoms of TB; prevention of TB; treatment of TB via DOTS

Face-to-face interviews with 100 physicians and 60 stakeholders such as NGOs, policymakers and professionals were conducted from February 20 to March 19, 2004. Almost all the doctors mentioned medical journals, books, manuals, drug directories and compendium and convention seminars as their sources of information. These results were affirmed by the desk research.

- *Communications planning.* Using the above and other related studies of the project, a team of consultants was assigned to help craft the integrated communications strategy and plan for the project. The team also conducted focused group discussions with key stakeholders to determine the communications and advocacy initiatives of the other organizations and how these would fit into the strategy being crafted by the project. The strategic planning workshop is scheduled for July 2004.

### Health Financing

- *Technical assistance to PhilHealth.* PhilHealth preliminary claims data have been collected for the first round of the actuarial study design. Review of this data is ongoing and additional data requirements to support the actuarial analysis may still be identified. Work on this activity will be in full swing in the third quarter of 2004.
- *Refinement of cost analysis of DOTS operations.* The Philippine TIPS adviser for policy and finance together with project consultants met with officials and gathered relevant data from the Philippine Health Insurance Corporation (PHIC) at the central and Davao regional offices, and from the MHOs in public DOTS centers and directors of private DOTS centers. The information and data collected will be used in the analysis of the financial requirements of the DOTS centers in different settings, i.e., hospital-based, NGO-based, and public centers, among others. The preliminary recommendations include the provision of policy guidance to public centers to participate in PhilHealth program; the possible pooling of DOTS services by private providers; a comparison of the financial performance of various private DOTS

models; recommendations for continuity of care by integrating case management protocols for ambulatory facility and hospital. The draft report on the financial analysis of DOTS models and the financing framework is expected in August 2004. The output for this activity will be used as an input to the DOTS replication guidelines under Task 4.

- *TA package to DOH health sector reform agenda (HSRA).* The Philippine TIPS adviser for policy and finance initiated discussions with the DOH Health Policy Development and Planning Bureau (HPDPB) to facilitate the development of operational policy guidelines to effect reforms in public health, using TB as model for disease control. The proposed TA will cover issues related to financing, technical leadership, quality assurance, public-private partnerships, and other support mechanisms to fast-track the implementation of the HSRA for public health.

#### Project Management

- *PhilCAT OD.* Philippine TIPS provided a short-term consultancy that had the following objectives and expected outputs:
  - Provide the leadership of the organization with a participative and systematic process to arrive at a prioritized action program that will translate the 2003 OD and sustainability plan into concrete targets, outputs, and timelines.
  - Design and implement a planning workshop for PhilCAT's board of directors where members can collaboratively determine the best course of action to set into motion the recommendations in the 2003 OD and sustainability plan. From the result of the workshop, the consultant will then draft the priority action plan and recommend to the board strategic steps to implement it.

The assignment consolidated previous and current organizational development assistance provided to PhilCAT, design and implementation of the OD workshop, organization of the integrating and working committees, and identification of the priority action program.

- *Support for the PhilCAT convention.* USAID approved the project's technical and financial for the PhilCAT convention in August 2004.

## SECTION II

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### Objectives, Tasks, and Deliverables

In support of USAID/Manila's SO 3, IRs 2.1, 2.2, 4.2 and 4.3, the TIPS project has been charged with the following objectives, tasks, and deliverables:

#### 1) Objectives

Contribute to reducing TB prevalence in the Philippines, specifically, increasing the successful diagnosis and treatment of TB patients by increasing the use of DOTS in the private sector. Further, the project will address the implementation and standardization of TB control and management in the Philippine private sector, and focus on improving public-private partnerships by assisting with the development of institutions that will establish strategic and sustainable measures toward long-term TB reduction.

#### 2) Tasks

The project will focus on the following six tasks:

Task 1: Enabling environment. Policies, guidelines, and regulations revised and expanded to support appropriate, complementary DOTS implementation by public and private providers.

Task 2: Operations research. Best strategies identified to improve and expand DOTS implementation in the private sector.

Task 3: Develop/create DOTS models. Private sector models developed, implemented, and assessed at regional or local levels.

Task 4: Replication of DOTS models. Best approaches/models implemented and adapted in at least 25 strategic, urban sites nationwide with a potential for replication beyond those 25 sites.

Task 5: Training, Certification, Communications. Sustainability of all TB programs strengthened through improved teaching and training in medical schools; improved treatment behavior of private service providers, project promotion, and support to other project tasks through an integrated communication program.

Task 6: Financing. National health care financing schemes developed and implemented that strengthen private sector delivery of TB control and cure services.

#### 3) Deliverables

The project has seven deliverables. The first is an overarching deliverable, while the remaining six correspond to each task aforementioned.

A. Baseline TB success rate data, baseline on knowledge, attitude and practices of private physicians on TB treatment, and a scale of measurement indicators of achievement of contract objectives.

- B. A comprehensive packet of policies, guidelines, and regulations developed and instituted at the national and local levels to promote appropriate, complementary implementation of TB DOTS treatment by private providers.
- C. Best strategies identified through OR to improve and expand TB DOTS implementation in the private sector.
- D. Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication.
- E. Best TB DOTS approaches/service models implemented in at least 25 strategic urban sites nationwide.
- F. Teaching and training of TB DOTS conducted in medical professional schools and an integrated communication campaign implemented to improve treatment behavior of private service providers, promote the project, and support other project tasks.
- G. Appropriate guidelines and regulations to promote necessary reimbursement programs among private health groups.

## SECTION III

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### Performance Objectives and Accomplishments for the Quarter by Task

#### 1) Deliverable A: Baseline Data Collection and Performance Monitoring Plan (PMP)<sup>1</sup>

Deliverable A: Establish baseline success rate data, baseline on knowledge, attitude and practices of private physicians on TB treatment, and scale of measurement indicators of achievement of contract objectives

Objectives:

- Finalize the project's performance monitoring plan
- Conduct the actual survey on KAP of private physicians on TB treatment

Targets:

- USAID approval of the PMP
- Submission to USAID of the annual (2003), sixth and seventh quarter PMP reports
- Finalized survey instruments, training of surveyors
- Conduct of actual survey
- Securing of USAID approval of TIPS PMP

#### Baseline Survey of Private Physicians' KAP:

To date, the roster of TB-treating private physicians (currently numbering 8,000) has been completed in the 22 DOTS replication/expansion sites of the project. Based on the experience of UPEcon and the pharmaceutical companies, rosters must be updated every six months.

The survey tools have also been finalized and the situation analysis tools have been submitted by UPEcon, the subcontractor, for final approval by Philippine TIPS. UPEcon is currently conducting the survey in all sites, except for Manila, and as of June 30, 2004, has surveyed 600-700 of the target 2,200 respondents.

The KAP provider survey will inform the project and USAID of the level of DOTS practice in 25 selected sites in the Philippines. This survey is the first TB practice survey conducted in the Philippines covering 25 urban sites with a strong private health sector presence. The study will specifically focus on the TB practice of internal-medicine (pulmonologists, infectious disease) and family-medicine specialists and general practitioners, using the National TB Program guidelines as the standard.

The situation analysis in selected clinics will be conducted in August 2004. The survey, analysis of results, and final report are expected to be completed by mid September 2004.

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<sup>1</sup> Previously referred to as Monitoring and Evaluation (M&E) Plan



Performance Monitoring Plan

The project PMP was approved by USAID on April 16, 2004. The PMP has six result indicators, namely:

Indicator/Definition	Baseline Value	Value for Year 1	Target Value for Year 2	Target Value End of Project
1. TB treatment success rate of 85%	0	0	70%	85%
2. Number of certified DOTS-engaged medical doctors	0	50	250	600
3. Number of certified private DOTS programs/clinics/DOTS centers	6	6	25	31
4. Practice of private physicians on DOTS in 25 sites	0	0	10%	50%
5. Number of organizations with covenants to provide quality DOTS services and expanded TB patient rights	0	6	12 organizations	Covenant 1: PAMET and seven (7) medical societies  Covenant 2: five (5) HMOs and private corporations; one (1) corporate partner (e.g., PCCI or ECOP)
6. Access of private sector to TB health service financing and affordable and quality TB drugs	0	Agreement on access to GDF drugs by private sector	Completion of TA to improve the PhilHealth TB benefits package	Coordination of improved benefits piloted (PhilHealth package and PDF)

The PMP reports from commencement to date are being prepared and will be submitted to USAID soon.

For the result indicator on treatment outcomes, the project continues to monitor two CDC-PhilCAT clinics (DLSU and MDH) and FriendlyCare Cubao. The PMP report will include outcomes for CADPI (DOTS in the Workplace) beginning in April, 2004. Starting July, 2004, clinics will be clustered as new (under one year in operation) and established (one year or more).

## 2) Task 1 (Deliverable B): Enabling Environment

Deliverable B: A comprehensive packet of policies, guidelines and regulations developed and instituted at the national and local levels to promote appropriate, complementary implementation of TB DOTS treatment by private providers.

Objectives:

- Follow-up advocacy work on the promotion of TB patient rights
- Conduct Private Sector Drug Facility Study
- Pursue efforts on DOTS quality assurance

Targets

- Follow-up on issuance of DOLE's TB in the workplace guidelines
- PCCI symposium on employers' participation in TB control
- Completion of the situation analysis and the draft of the design mechanism for the private drug facility
- Six professional societies' implementation plan for the MOA with PhilCAT and Philippine TIPS regarding promotion of DOTS among its members
- Discussion with PAMET, PSP, and NTRL on possible collaboration to improve the quality of sputum microscopy

MOA with professional societies on quality assurance. The project will engage two consultants who will assist in the development of implementation plans for the six medical professional societies to operationalize their MOAs with the project. The implementation plans are expected to be carried out in the next two to three years by the societies, mainly involving capability building to attain DOTS quality assurance in the diagnosis and treatment of TB. Philippine TIPS will provide support in the capacity-building activities. The assignment is scheduled from July to October, 2004.

Policy advocacy on TB patient rights. The project sponsored a seminar on TB in the workplace organized by the Philippine Chamber of Commerce and Industry (PCCI) on April 16, 2004. The objectives of the seminar were to increase the awareness and appreciation of PCCI on the proper TB diagnosis and treatment, to obtain their support on the proper TB prevention and control in the workplace, and to promote TB patients' rights. The presenters and topics covered were as follows: (1) Philippine TIPS gave a snapshot of the global and national TB situation, the Philippine TIPS project, the private sector initiatives on TB prevention and control, and the role of industry in TB control; (2) Occupational Safety and Health Center (OSHC) presented the draft DOLE Guidelines on TB Prevention and Control in the Workplace including an update on its status; and (3) PBSP and Central Azucarera de Don Pedro, Inc. (CADPI) showcased their respective workplace TB control models. The attendees were mostly representatives of the human resource development units of the PCCI-member companies.

A small group meeting, composed of the PCCI directors of finance and administration and project development, their staff, and Philippine TIPS staff, was also held immediately preceding the seminar. The objective of the meeting was to discuss the potential areas of intervention and collaboration between the PCCI and Philippine TIPS to help the former comply with the provisions of the DOLE guidelines, once this is signed. The three key immediate actions identified were to: (1) encourage employers/business to help in TB case detection; (2) sponsor and provide materials on trainings; and (3) provide the list of the 22-25 DOTS centers. The PCCI offered its local chambers, the area business conferences, and the Philippine Business Conference in October 2004 as venues for advocacy activities on TB prevention and control in the workplace

and TB patients' rights. It also agreed to look into how the campaign program against TB in the workplace for the employers can be developed along the lines of the chamber's corporate social responsibility (CSR) activities. The PCCI can also make the following contributions to the TB program effort: (1) assist in reporting cases detected during pre-employment screening and referring them to the DOTS centers or RHUs; (2) educate employers on TB diagnostic and treatment regimens modifying attitudes against discrimination in hiring, and assisting job applicants in getting proper diagnostic and treatment services through referral to DOTS centers; and (3) facilitate worker access to services either through DOTS in the workplace or referring employees suspected of TB to DOTS centers for proper diagnosis and treatment. The Philippine TIPS, for its part, offered to provide assistance through the: (1) facilitation of and resource-sharing in the conduct of education campaigns; (2) information sharing on the best practices on TB prevention and control in the workplace and successful PPMD models; (3) facilitation of presentations on the global and national TB situation; (4) technical assistance in developing the PCCI CSR program against TB; and (5) help in identifying priority areas of collaboration between the regional chambers and Philippine TIPS to carry out this program.

The groundwork to formalize the collaboration between Philippine TIPS and the PCCI and to initiate efforts to pursue the above activities have, however, been put on hold pending issuance of the DOLE guidelines.

As of June 2004, the OSHC has resubmitted the revised draft guidelines to DOLE for approval. The draft guidelines have been subjected to several rounds of review by the relevant units of the department since January 2004. The latest draft incorporates the comments and revisions on the Section on Social Policy on Non-discrimination to make it consistent with the provision of the Labor Code of the Philippines. DOLE, however, has to present the draft to the Tripartite Industrial Peace Council (TIPC) for concurrence and for subsequent endorsement before the DOLE secretary signs it. Furthermore, with the current revision of the CUP and NTP Manual of Procedures, the said DOLE guidelines may need to be refined to match the revised CUP. The draft guidelines are expected to be signed in time for the PhilCAT convention, August 25-27, 2004.

Private Drug Facility: The private drug facility (PDF) study is forward-looking technical assistance aimed at (a) assessing the current situation on TB drugs supply vis-à-vis current and projected needs/demand in the private sector; (b) identifying and validating the key issues and constraints to inform the development of a PDF design; and (c) recommending appropriate policies and practical measures that will assure an uninterrupted supply of TB drugs for the private sector in general and the PPMD centers in particular.

Following the groundwork carried out in March 2004, the in-country PDF team proceeded with the preparation of the inception report (IR) in April to early May, led by the Philippine TIPS adviser for policy and finance. The IR defined the objectives, coverage, methodology/tools, and the work plan to be undertaken for the PDF study. Specifically, a framework for drug management cycle was proposed to model the anti-TB drug supply problem. The IR recommended that analysis of these issues be based on the preliminary assessment of the adequacy of supply relative to both effective demand and unmet needs as determined from broad demographic, epidemiological, and socio-economic data analysis. The draft IR benefited from the comments of Drs. A. Telyukov and M. Paterson, both consultants of the project.

Preparation in May and early June of the situation analysis led by the PDF team leader, included (a) a review of literature on the extent of DOTS implementation by private service providers, (b)

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field work/data gathering in the DOH and relevant institutions on procurement/selection and price of anti-TB drugs, (c) a TB KAP study of patients in selected DOTS centers, and (d) key informant interviews (KIIs). Those interviewed were staff of the DOH Center for Health Development (CHD), NTP coordinators, and selected public and private DOTS centers in Metro Manila, Davao City, Davao del Sur, Cebu City, Cebu Province, Iloilo City, and Iloilo Province. The interviews were intended to obtain information on their actual anti-TB drug management systems (storage, recording and monitoring, utilization, procurement and distribution). The two consultants joined the KIIs conducted May 16-26. The KIIs revealed poor storage facilities in most of the centers visited and non-uniform recording and monitoring systems for drug utilization and stocking, if at all, and anti-TB drug distribution problems encountered by the CHDs down to the public DOTS centers. For the financing of anti-TB drugs, the DOH will continue to allocate funds from its appropriation; avail of the grants from the GDF, including its procurement services and the Global Fund to fight AIDS, Tuberculosis and Malaria; and obtain budgetary support from the World Bank. The preliminary findings also disclosed that the PHIC TB benefits package may not be adequate to cover the cost of TB treatment in private DOTS centers.

The initial recommendations for the drug management system are: (a) cancel BFAD registration of non-DOTS drug strength and packaging; (b) plan for funding sources for 2007 onwards; (c) for price and quality reasons, procure internationally instead of locally; (d) use GDF direct procurement services; (e) for distribution of anti-TB drugs, tap the current drug distribution system for public DOTS and delivery to or pick up by PPMD centers; (f) improve storage and inventory management at all levels; and (g) on compliance with DOTS prescribed treatment and drugs, conduct training and advocacy for physicians and pharmacies, and use public and NGO DOTS centers. The first draft of the SA was submitted by the end of May for comments by Philippine TIPS and the international consultants.

On the PDF design, Dr. Paterson, who is leading this activity, joined the local team in gathering relevant information from the DOH, PHIC and selected DOTS centers in May. Dr. Paterson will submit the proposed PDF design in August, which will be subsequently presented in a stakeholders' workshop.

Quality assurance of sputum microscopy. The Philippine TIPS training and certification adviser has started the groundwork towards the forging of covenants with the medical technicians and clinical pathologists that will promote quality assurance in sputum microscopy. Initial talks with the Research Institute for Tropical Medicine have been held and active support has been obtained to assist Philippine TIPS in engaging the concerned societies and institutions such as the Philippine Association of Medical Technologists, the Philippine College of Pathologists, and the Philippine College of Radiology to embrace the DOTS protocol in TB diagnostics. Plans to conduct separate meetings with these groups are already underway to discuss their key roles in the National Tuberculosis Program (NTP) as well as obtain their commitments to uphold the DOTS protocol through memoranda of agreement.

Assistance on the update of the CUP. The Workshop on the Revisions on the Manual of Procedures for the National Tuberculosis Control Program was held June 21-23, 2004, at the Manuel M. Lopez Development Center in Antipolo City. The Philippine TIPS adviser for policy and finance facilitated the workshop, which included DOH central and regional officials, LGU TB coordinators, and representatives from the WHO, JICA, PhilCAT, and Philippine TIPS. The revision was necessitated by the shift from the single-dose formulation to a fixed-dose combination of TB drugs and the expansion of the service delivery network to include the public-private mix DOTS (PPMD) centers, among other policy changes. The participants were divided

into eight workshop groups dealing with: (1) TB the diagnostic committee; (2) fixed-dose combination; (3) PPMD; (4) Laboratory; (5) Reporting and Recording; (6) Monitoring; (7) Program Indicators; and (8) Advocacy and Community Organizing. The workshop group outputs were presented during the plenary session on the final day of the workshop.

The Philippine TIPS adviser for policy and finance will review and consolidate the suggested changes and revisions on the manual of procedures and present the consolidated revised manual to a review committee based at the DOH. The committee will be composed of representatives from the DOH, the WHO, JICA, PhilCAT and Philippine TIPS. Upon approval, the project will refer the document for editing and lay out design for publication. The WHO is expected to co-finance the printing of about 10,000 copies.

### 3) Task 2 (Deliverable C): Operations Research and Related Studies

Deliverable C: Best strategies identified through OR to improve and expand TB DOTS implementation in the private sector

Objectives:

- Pursue ongoing studies on new DOTS model development

Targets:

- Organization and training of PDI participants, and commencement of on-the-ground implementation of the program
- Conduct an external evaluation of the pilot workplace models; final design and implementation plan of informal workplace DOTS models

#### Pharmacy DOTS Initiative (PDI):

*Forging covenants.* A major challenge for the PDI team after master trainers from the seven pilot sites had been identified and trained was to undertake targeted advocacy campaigns in order to obtain active support of pharmacy groups for the PDI goals and objectives. The team successfully obtained the official endorsement of the national and local leadership of the Drugstores Association of the Philippines (DSAP) and the Philippine Pharmaceutical Association (PPhA), which boasts of a 6,000-strong membership nationwide. A major breakthrough was getting the commitment of the three biggest national pharmacy chains in the country – Mercury Drugstore, Rose Pharmacy, and Watson’s Personal Care Store (Philippines) – to participate in the PDI after the objectives were explained to the national leadership at several meetings arranged by the PDI program manager. Other local chains followed suit.

The participation of key stakeholders in the PDI was formalized on April 17, 2004 during the 54<sup>th</sup> annual PPhA national convention in Iloilo City. A public signing of a national declaration of support by PPhA, DSAP, the DOH, and PhilCAT was held as part of the convention program. The organizations were represented in this ceremony by the top leadership of the pharmacy groups and PhilCAT. The DOH was represented by the assistant regional director for Region 6, Dr. Paulyn Rosell-Ubial. The signing was witnessed by some 1,500 PPHA and DSAP members.

*Local initiatives.* The declaration of support at the national level cascaded down to the seven PDI sites. On separate occasions, local affiliates of pharmacy-related organizations and local government units in the cities of Dagupan, Quezon, Iloilo, Cebu, Cagayan de Oro, and Davao,

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and the municipality of Bacoor, Cavite signed their respective declarations of support and commitment. This commitment was followed by the signing of a memorandum of understanding (MOU) by 169 participating pharmacies, including the three major chains, in the seven sites, along with program managers of public and PPM DOTS centers. The MOU specifies the roles of pharmacists and pharmacy assistants, specifically on information giving, distribution of IEC materials to TB symptomatics, the prescreening of symptomatics, and the referral of high-potential TB patients to DOTS centers. The pharmacist in the drugstore is the point person for the PDI in each pharmacy facility. The MOU states the responsibility of the PDI to provide the training, IEC materials, and logistical support systems that will enable the pharmacists to effectively perform their PDI-related duties and responsibilities. Meanwhile, DOTS centers in the seven sites also declared their support for the PDI through the signing of an MOU with Philippine TIPS-PDI.

Philippine TIPS, through the PDI, became an official member of the RCC-PPM DOTS in Davao Region and in Northern Mindanao. In an MOU, Philippine TIPS and the DOH-Center for Health Development for the Southern Mindanao Region, along with other government and private organizations, agreed to undertake TB prevention and control using DOTS. In a separate development, a resolution of support for the implementation of the PDI was signed by the co-chair of the Northern Mindanao RCC-PPM DOTS and the chair of the Northern Mindanao Coalition against Tuberculosis.

*Training of pharmacy personnel.* The general goals of the PDI are to put a stop to the common practice of drug dispensing without prescription, discourage the practice of self-medication among TB patients, improve the knowledge of pharmacy clients about DOTS, and assist in improving case detection. To properly equip pharmacy personnel with the basic knowledge and skills in TB DOTS so they are able to perform their tasks well, and to standardize the training workshops in the seven sites, the PDI team, through the assistance of external consultants, developed a manual of operations, training modules, and PowerPoint presentations to be used by master trainers (i.e., the participants of the training of trainers held from December 2003 to January 2004).

The PDI team embarked on simultaneous trainings in five of the seven sites. As of June 30, three training workshops each were conducted in Iloilo and Quezon cities, two in Cebu City, and one each in Bacoor and Cagayan de Oro City (training workshops for the remaining two sites will begin in early July). The 10 workshops reached some 250 pharmacists, pharmacy assistants, owners, managers, and supervisors. The training methodology consists of lectures, PowerPoint presentations, discussions, and role playing. Approximately 25-30 participants attend each two-day training session. The workshops are closely monitored by the PDI team to ensure they follow the standard PDI training design.

To date, there are seven able site managers deployed in the seven pilot sites managing the day-to-day operations of the project. They are assisted by at least one field worker each who liaises between the pharmacy and the DOTS provider. In all, there are about 25 drugstores participating in each site with an average of 10 pharmacy personnel per pharmacy who will be trained on the PDI.

*IEC materials design, development, translation, and production.* Crucial to launching the PDI is the development of signage and key messages to assist advocacy efforts, and the development of IEC materials for the pharmacists and/or pharmacy assistants when they deal with their TB clients. The development of these materials was aided by a rapid audience analysis undertaken by

a team of local consultants. The materials include a marketing toolbox that consists of a fact sheet on the national TB situation; a PDI brochure, flipchart and PowerPoint presentation; and a brochure on Philippine TIPS. For training workshops, IEC materials include the PDI manual of operations, training handbook, flipchart, and handouts. A flowchart and a FAQs (frequently asked questions) sheet were also produced for each participating pharmacy. TB information was popularized and packaged into comics, brochures, and countertop teasers that pharmacists and pharmacy assistants can provide to TB clients. To make them more comprehensible to the target readers, these materials were translated into the Filipino, Ilonggo, and Cebuano dialects. Site managers were oriented on the use of the IEC materials and are expected to pass on this knowledge to the master trainers.

In addition to the IEC materials, PDI signage – banners, posters, and countertop standees – were developed and produced to encourage PDI name recognition among clients of participating pharmacies.

#### TB in the Workplace and Workforce Models:

The models are in different stages of completion but cross-cutting activities within the quarter include: training on fixed-dose combination drugs and advocacy to private companies on provision of workplace DOT service.

*Formal workplace model.* The formal workplace model's (three modalities) pilot projects have been evaluated internally by the Philippine Business for Social Progress (PBSP), the subcontractor, and the Philippine TIPS in-house DOTS specialists. PBSP has submitted to TIPS the evaluation report as well as the "Workplace Policies on Tuberculosis," and has started preparation of the replication guidelines that are due for completion in the next quarter. Before finalization, the guidelines will be subjected to a review by an external panel of experts.

Meanwhile, PBSP is working out the replication of these models in three companies: Mediacard (an HMO), GST (a medium-sized manufacturing company), and Wyeth (a pharmaceutical company). Replicants are at various stages of the pre-implementation phase.

- Mediacard Philippines would like its head office clinic and two (2) mall-based clinics to become DOTS facilities, and later be accredited by PhilHealth. Thirteen (13) MEDICARD referring physicians were oriented on DOTS-PPM.
- GST is replicating the workplace public referral model together with the San Joaquin Health Center.
- Wyeth middle managers have been oriented on DOTS and the project.

*Informal workforce model.* PBSP has commenced the pilot implementation in CADPI (informal with formal link) and is finalizing arrangements with the WGA to implement a community-based program in Parola Tondo, where most of their stevedores and port workers reside.

CADPI's *Rural Informal Workforce model* in Nasugbu, Batangas, is a partnership among the Central Azucarera Don Pedro and its corporate foundation, Roxas Gargollo Foundation (RGF), FEDNACOR (a people's organization supported by RGF), and the Batangas Provincial Health Office. PBSP ensured the training of community health volunteers. Community-based TB education sessions were conducted in six (6) barangays, and the referral system had been defined. To date, ten (10) smear (+) patients have been identified out of 36 symptomatics referred for sputum examination.

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The *Urban Informal Workforce model* is scheduled to be launched within the next quarter. Together with WG&A and the Manila City Health Office, PBSP will assist in the setting up of a *community (Parola)-based DOT facility* to be managed by Kabataan Gabay ng Bayan (KAGABAY), a people's organization based in Parola, Tondo. KAGABAY has committed to identify and refer TB symptomatics to the Fugoso Health Center. The target is to identify and cure fifty (50) new smear (+) patients within six months. Twenty-three (23) residents of Parola were trained as volunteer health workers/treatment partners.

### Single Practice Physician Network (SPN) Model

Informed by the results of the rapid appraisal of single practice physicians put together by a consulting team in February this year, a project consultant is now refining the implementation/work plan for the SPN model. The model, originally referred to in earlier documents as the "Virtual DOTS model," has been renamed *DOTSLink* to emphasize the need to link all the elements of DOTS and the corresponding tasks implied under each element. The model views decentralization and unbundling as necessary steps toward making DOTS a more feasible and acceptable practice for stand-alone physicians.

The primary objective of *DOTSLink* is to ensure that TB patients in all SPNs in a particular community are correctly diagnosed and treated using DOTS while remaining under the care of their private doctor. Secondly, it aims to provide patients with an alternative source of DOTS service even as they are willing to be referred to a public DOTS center. *DOTSLink* is anchored by the strategy of initially developing demand for DOTS and subsequently encouraging potential suppliers to "network" and upgrade their systems in order to be affiliated with the DOTS network, public or PPM. More than just a model for delivering TB health services, *DOTSLink* also integrates an advocacy program that seeks to involve the community in building its own DOTS network. By building alliances with private physicians, health service providers, local governments, and community organizations, the community will hopefully contribute to the reduction of the TB burden in the country.

The final report is expected by end July.



#### 4) Task 3 (Deliverable D): Private Sector Models Developed, Implemented, and Assessed

Deliverable D: Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication

Objective:

- Pursue ongoing DOTS model enhancement

Targets:

- Initial replication guidelines
- Final report of the study
- Second situation analysis
- Finalization of replication guidelines/best practices
- Dissemination of Unilab/CSR-based DOTS service

#### DOTS Model Enhancement

*Final report on the first situation analysis and enhancement of five private DOTS clinics-* The final report on the first situation analysis (SA) and enhancement of five private DOTS programs puts together in one compendium the results of the SA, the areas in DOTS service delivery that were found to need improvement, and Philippine TIPS' recommendations to improve these areas. These DOTS programs include the hospital-based model at the Manila Doctors Hospital (MDH), the local coalition-based model at the De La Salle University-Health Sciences Campus (DLSU-HSC), the multi-specialty clinic-based model at the FriendlyCare Clinic in Cubao, the HMO-based model at the PhilamCare Clinic in UN Avenue, and the corporate social responsibility model implemented by Unilab.

Based on the information gathered, Philippine TIPS and the contractor, the Foundation for the Advancement of Clinical Epidemiology, Inc. (FACE), together with the DOTS administrators, identified the technical and financial assistance the project can provide to improve the DOTS programs. The enhancements, which the DOTS clinics implemented over a period of 3 ½ months, were expected to contribute to the realization of the key components of the DOTS strategy.

In line with ensuring *political commitment* to DOTS, Philippine TIPS provided different packages of technical assistance.

- 1) Assistance in drafting an MOA between each DOTS clinic and the DOH that will institutionalize the following components of DOTS service delivery: a) inclusion of private sputum microscopy centers in the external quality assurance mechanism of the National Tuberculosis Program (NTP); b) provision of a regular anti-TB drug supply; c) inclusion of the clinic in the external supervision, monitoring, and evaluation system of the NTP; and d) provision of regular supply of sputum microscopy reagents as well as NTP recording and reporting forms.
- 2) Facilitation of the certification and accreditation of the MDH and the PhilamCare UN TB DOTS clinics with PhilCAT and PhilHealth. This led to the certification of the two clinics on March 19. Both clinics are awaiting formal notice of accreditation with PhilHealth.
- 3) Technical assistance in developing financial business models was extended to each clinic to inform decision-making on whether to continue clinic operations.

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- 4) Coordination with PhilHealth to organize a workshop for DOTS clinic supervisors to review the guidelines on TB outpatient benefits packages and the system of fees reimbursement for TB patients.
- 5) Design, production, and distribution to DOTS clinics of a flyer that encourages physicians to refer TB patients to DOTS centers and thus increase case findings.

In terms of *standardizing treatment* (including DOTS), Philippine TIPS extended technical assistance for materials development. These materials consist of a training module as well as a flipchart and brochure on treatment partner orientation. Used together, these materials are envisioned to help improve case holdings in general and directly observed treatment in particular.

To ensure *quality-assured sputum microscopy*, the MOA between the DOTS clinics and the DOH that Philippine TIPS drafted stipulates an arrangement for inclusion of the clinics in the quality assurance mechanism for sputum microscopy services.

The MOA also provides for a *regular supply of anti-TB drugs*. To help achieve this, a workshop on the use of fixed-dose combination (FDC) anti-TB drugs was organized by Philippine TIPS for the DOTS clinic staff. The workshop oriented participants on the rationale for and advantages of the use of FDC, its procurement system and requirements, how to compute for the required dosages, and how to administer the formulation. The FDC anti-TB drugs will eventually replace the single-dose formulation that the DOH provides; hence, the need to be familiar with their use.

To improve *recording and reporting*, Philippine TIPS provided technical assistance in the development of a user-friendly, Excel-based TB management information system for computerized recording of NTP data and report generation. Technical assistance was also provided in designing a module that complements this software and the clinics' manual of procedures. The module discusses at length proper recording and reporting of patient outcomes, service statistics, and performance indicators.

*Initial replication guidelines.* Taking off from the experiences and practices observed during the first SA of five private DOTS programs, FACE completed the initial guidelines for the replication of these DOTS models. The guidelines present the necessary tools to help a private institution put up a PPMD clinic within the framework and peculiarities of the different models mentioned above. For each of the five models, the guidelines describe the process of setting up a PPMD clinic, including getting the commitment of the parent organization, choosing the right people to run the clinic, meeting the certification and accreditation requirements, and understanding the financial aspects of putting up and maintaining a PPMD unit. Samples of the necessary forms (e.g., treatment partner contract form, PhilHealth accreditation form), IEC materials for treatment partners and referring physicians, and support modules (e.g., treatment partner orientation module, TB management information system) are appended.

The initial replication guidelines provide the building blocks for the final guidelines that will be developed by a consulting team composed of one local and two international experts.

*Second situation analysis.* Through the Institute of Philippine Culture of the Ateneo de Manila University, Philippine TIPS is conducting a second situation analysis of the DOTS program of four PhilCAT-CDC-assisted models, (MDH, DLSU-HSC, FriendlyCare Cubao, and PhilamCare UN Avenue). SA2 aims to assess the results of the enhancement assistance that the project has provided to these four clinics. The hypothesis is that the enhancements, carried out from January

2 to April 15, 2004, have significantly upgraded the implementation of DOTS at different points of the system, leading to the fulfillment of the key components of the DOTS strategy.

SA2 will specifically examine the impact of the enhancements on quality of care as well as the efficiency and effectiveness of DOTS service delivery. It will use the same data gathering instruments applied in the first SA. Data collection commenced on June 21 and will be completed by July 3. Lessons learned and best practices distilled from the SA2 will add to the development of the final guidelines for the replication of the four DOTS models in 22 sites in the country. The final guidelines will be prepared in mid-August by a consulting team of one local and two international experts in collaboration with the SA2 team.

#### **5) Task 4 (Deliverable E): Replicate models**

Deliverable E: Best TB DOTS approaches/service models implemented in at least 25 strategic cities/large municipalities nationwide

Objective:

- Select and award replication/expansion grants

Targets:

- Issuance of the RFA
- Proposal writing workshops in 22 sites
- Evaluation of proposals, recommendation for award and final approval by USAID

#### Grant Program for Replication/Expansion of Private DOTS Services

The formal announcement of the grant procurement was made through publication in two newspapers on March 21 and 28, 2004. The RFA was issued April 1, 2004. In the publication the applicants were advised to periodically refer to the project Web site for updates and bid bulletins. The deadline for submission of proposals was May 31, 2004. After the issuance of the RFA, the TIPS team conducted proposal writing workshops during the whole month of April and early May to all interested parties to assist them in preparing a complying proposal. The schedule of the proposal writing workshop was posted in the project Web site. While the team in no way provided inputs to the substantive and strategic content of the proposals, it clarified eligibility and technical requirements, gave information on the process and highlighted the responsibilities of Philippine TIPS and that of the grantees to ensure leveled expectations with all parties concerned. The workshops included a briefing on the grant process; technical, administrative, and financial requirements; and a walk through of the application form. Applicants were given time to actually write the proposal (most came with drafts) and the opportunity to ask questions or clarify matters in the process.

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Summary of Proposal Writing Workshops

Date/Place	Site	Participants	Number
April 2, 2004 Manila City	Manila	UP PGH	1
	Quezon City	PTSI	3
		FEU-NRMF	1
April 14, 2004 Cagayan de Oro City	Cagayan De Oro	CDO Coalition: Northern Mindanao Coalition Against Tuberculosis	1
		Xavier University	1
		Maria Reyna Hospital	2
		Northern Mindanao Medical Center	1
		Bai Lawanen Jaycees	2
		DOH NTP Coordinator	1
April 15, 2004 Davao City	Davao	Health Management and Research Group	1
		Brokenshire Hospital	2
		Philippine Agency for Community and Family, Inc.	1
		San Pedro Hospital	2
		People's Adoption to Total Health Sufficiency	1
		Davao Coalition Against TB	1
		DOH NTP Coordinator	1
April 23, 2004 Cebu City	Tacloban	CareMeds Phils. Inc.	1
		RTR Hospital	1
		Divine Word Hospital	1
		Bethany Hospital	1
		Fortune Drug	1
	Dumaguete	Silliman University	1
	Ozamis	Faith Hospital	1
		DOH-NTP Coordinator	1
	Zamboanga	Zamboanga City Medical Hospital	1
	Cebu	BAGA/Chong Ima Hospital	1
April 27, 2004 Iloilo City	Iloilo	Citizens Iloilo Coalition Against TB	2
		WVSU-College of Medicine	2
	Roxas	St. Anthony College Hospital	1
		MMGHHSC	1
	Bacolod	PAFP, Neg. Occ	2
	Riverside Medical Hospital, PCOM	1	
April 29, 2004 Angeles City	Dagupan	Dagupan Doctors' Villaflor Hospital	1
		TheraHealth-MOC	1
	Cabanatuan	Premiere Gen. Hospital	3
	Angeles	AUF Medical Center	1
	Laoag	Rañada General Hospital	1
May 4, 2004 Batangas City	Batangas	Batangas Medical Hospital, PAFP	3
		Phil. College of Physicians	1
	Lucena	Quezon Medical Society	1
	Naga	None	
May 7, 2004 Phil TIPS Office	Cotabato	Cotabato Doctors' Hospital	1
	Manila	Abot Kamay, Inc.	3
		Unang Lingap Kapwa Phils, Inc.	2
		Canossa Tondo	3
		CFC-Medical Missions	1
	Palawan	Palawan Coalition Against TB	1
June 17, 2004 Phil TIPS Office	Bacoar, Cavite	St. Dominic College of Arts and Sciences	2
		CFC-Medical Missions	2

A total of 25 applications from 16 sites were received (see table below). No applications were received from the following sites: Lucena, Naga, Cebu, Dumaguete, Ozamis, and Cagayan de Oro. Multiple applications were received from Manila (3), Quezon City (2), Roxas (2), Tacloban (3), and Davao (4). At the outset of the selection process, the team decided on the basis of population and non-overlapping of catchments to make two awards in Manila, two in QC, only one in Roxas, two in Tacloban and two in Davao. The selection process was conducted within the month of June, and done in two stages. First, applications were screened for compliance with eligibility and documentation requirements, and second they were evaluated technically based on the criteria described in the RFA. In the pre-screening stage, three applications were found ineligible and did not comply with basic technical requirements, thus leaving 22 for the second stage evaluation. Of those, four proposals did not meet the evaluation criteria or were rated lower than competing proposals. Eighteen were recommended for award and were approved by USAID. Final award, however, is dependent upon the compliance by some applicants to certain conditions for award. Presently, applicants recommended for award are in various stages of complying with these requirements.

**List of Applicants for DOTS Fund Grant**

Site	Applicant	Decision
Laoag	Dr. Antonio A. Ranada Clinic and Hospital	Recommended for Award (RA)
Dagupan	Dr. Vivencio Villaflor Sr. Medical Foundation	RA
Angeles	AUF Medical Center	RA
Cabanatuan	Premier General Hospital of Nueva Ecija, Inc.	RA
Manila	Pulmonary Research Foundation of the Philippines Inc. (under UST Hospital)	RA
Manila	Canossa Health and Social Center Tondo, Manila	RA
Manila	Yaman Lahi Foundation Inc. (under Emilio Aguinaldo College)	Did not meet basic technical requirements
Quezon City	Philippine Tuberculosis Society Incorporated (PTSI)	RA
Quezon City	FEU Nicanor Reyes Memorial Foundation	RA
Bacoor	Couples for Christ Medical Mission, Inc.	Failed technical evaluation
Batangas	Samahan ng Batanguenong Diabetiko, Inc.	RA
Puerto Princesa	Agape Rural Program	RA
Iloilo (North)	Citizens (Iloilo) Coalition Against Tuberculosis Inc. (CiCAT)	The applicant submitted two proposals. It was made to choose which site and it opted for the South catchment, which was recommended for award
Iloilo (South)	Citizens (Iloilo) Coalition Against Tuberculosis Inc. (CiCAT)	
Roxas	Medical Mission Group Hospital and Health Service Cooperative of Roxas City and Capiz	Failed technical evaluation
Roxas	St. Anthony College Hospital	RA
Bacolod	Riverside Medical Center Inc.	Failed technical evaluation
Tacloban	Lung Care Center Inc.	Not eligible; no SEC registration
Tacloban	Care Meds Philippines Inc.	RA
Tacloban	Remedios Trinidad Romualdez Medical Foundation	RA
Cotabato	Cotabato Doctors' Clinic, Inc.	RA
Zamboanga	Zamboanga City Medical Society	RA
Davao	People's Adoption to Total Health Sufficiency	RA
Davao	Health Management and Research Group Foundation Inc.	RA
Davao	Philippine Agency for Community and Family - Mindanao Chapter	Did not meet basic technical requirements
Davao	San Pedro Hospital	Rated lower than competitor

Upon award, the Philippine TIPS team will provide start-up support and continuing technical assistance throughout the implementation period of the grant. Grantees will be monitored periodically to ensure that quality standards of DOTS service, performance targets and grant deliverables are met.

## 6) Task 5 (Deliverable F): Training, Certification, and Communication

Deliverable F: Teaching and training of TB DOTS conducted in medical professional schools and preparation of an integrated communication campaign to improve the treatment behavior of private service providers, promote the project, and support other project tasks

Objectives:

*5A Training*

- Select /award seven (7) MTBEA grants
- Assess DOTS syllabus implementation in medical schools

*5B Certification*

- Finalize and disseminate CMOP

*5C Communication*

- Pursue development of the integrated communication strategy
- Assist in the communication requirements of the other tasks

Targets:

*5A Training*

- Issuance of an RFA
- Evaluation of proposals and award of seven grants
- Monitoring of the implementation of three existing grants to ensure compliance with agreed performance targets

*5B Certification*

- Finalization and dissemination of the CMOP
- Finalization of the evaluation report on the certification system

*5C Communication*

- Interim reports and draft final report of the communication research study
- Integrated communication strategy
- BOA for providers of service for communication tasks
- Various assistance to communication needs of other tasks

### Task 5A Training

#### Master TB Educator Awards

*MTBEA ongoing grants.* The first three MTBEA grantees (DLSU, UP, and UST) are currently incorporating the work plan enhancements and recommendations made by Dr. Lee Reichman during the mentoring activities held last March 2004.

The achievements of and lessons learned by these three will be presented to all the medical schools during the Philippine TIPS-APMC consultative meeting on July.

*Second round of MTBEA grant awardees.* The second round of was formally announced through an RFA released on April 1, 2004, with a deadline for submission of April 30. Prior to that regular updates were available on the APMC Web site.

A total of 10 applications were received from Luzon (4; 2 of which came from Metro Manila), Visayas (4) and Mindanao (2). The applicants were:

1. Xavier University-Ateneo de Cagayan
2. Saint Louis University – Baguio City
3. Medicus Inc.-West Visayas State University
4. Cebu institute of Medicine
5. Iloilo Doctors' College of Medicine
6. Davao Medical School Foundation
7. UE Ramon Magsaysay Memorial Medical Center
8. Saint Luke's College of Medicine
9. Angeles University Foundation College of Medicine
10. Remedios Trinidad Romualdez Medical Foundation

An initial screening of the 10 applications on May 3, 2004, by the procurement specialist conducted determined that all applicants and activities were eligible to receive grants. On May 13, 2004, the grant selection committee, composed of Dr. Juan Antonio Perez III (TIPS Chief of Party) and Dr. Fernando Sanchez as co-chairs, was convened. The other members were Dr. Vincent Balanag (PCCP TB council), Dr. Rosalind Vianzon (DOH-TB), Dr. Melflor Atienza (UP-NTTC), Dr. Rodrigo Luis Romulo (TIPS technical coordinator), and Dr. Charles Yu (TIPS training and certification adviser). Ms. Catherine J. Fischer, the Philippine TIPS activity manager, sat as an observer and resource person on USAID guidelines during the evaluation meeting.

The selection committee decided after a thorough deliberation that it would rate and rank all the 10 applications and recommend the top seven to the international jury without reference to ranking. The seven finalists were:

1. Xavier University-Ateneo de Cagayan
2. Saint Louis University – Baguio City
3. Medicus Inc.-West Visayas State University
4. Cebu Institute of Medicine
5. Davao Medical School Foundation
6. UE Ramon Magsaysay Memorial Medical Center
7. Angeles University Foundation College of Medicine

These seven applications were sent on May 17, 2004, to Dr. Lee Reichman, who then forwarded them to the International Team of Experts composed of USAID (Dr. Wallace), the International Union Against Tuberculosis and Lung Disease-IUATLD (Dr. Jose Caminero), the WHO (Dr. Malgosia Grzemska), the Centers for Disease Control and Prevention (Dr. Wanda Walton) and RIT-Japan (Dr. Toru Mori). The final ranking by the International Team of Experts was submitted to TIPS on June 5, 2004 with scores from Dr. Reichman, Dr. Caminero and Dr. Walton, along with the affirmation that awards could be given to all seven finalists. In general, the finalists demonstrated a thorough understanding of how the DOTS syllabus can be integrated in their respective school's curriculum. All seven schools will put up their respective DOTS centers where medical students can reinforce their classroom learning. The schools have also committed significant counterpart funding in terms of personnel salaries, equipment, transportation, and other direct costs, particularly the construction or renovation of the facility to be used as DOTS center.

## Seventh Quarterly Report (April to June 2004)

### Assessment of DOTS Syllabus Implementation in Medical Schools

This assignment commenced on March 29, 2004. The draft final report was submitted to Philippine TIPS in June 2004. The report is currently being reviewed by the team. The findings and conclusion are discussed below.

The general objective of the study is to evaluate the implementation of the TB-DOTS master plan in the curriculum of all medical schools in the Philippines.

Specifically, it intends to:

- Determine in what courses/units/modules and to what extent is the TB-DOTS master plan being integrated in the curricula of all medical schools in the Philippines.
- Enumerate the different teaching-learning activities and resources used by medical schools in the process of implementing the TB-DOTS curriculum.
- Establish the methods used by medical schools in assessing student achievement after taking the TB-DOTS core curriculum.
- Identify experiences that facilitated or hindered the implementation of the curriculum and lessons learned in the process.
- Recommend specific ways by which such problems and other limitations can be resolved to ensure effective and efficient implementation and monitoring of the TB-DOTS core curriculum.

A team of two consultants has conducted a survey of how of all medical schools have integrated the TB-DOTS master plan in their respective curricula. The survey also looked at the different experiences of these schools in implementing the curriculum, the problems encountered, and innovations formulated and developed. Based on the survey results, enhancement strategies where medical schools can better implement and monitor the TB-DOTS curriculum were identified. This program recommendation will be presented to all deans of Philippine medical schools not just for improvement of their existing TB-DOTS curriculum but also for validation of the enhancement activities proposed.

Eighteen out of 32 (56 percent) responded to the questionnaire; 12 out of 18 (67 percent) have started integrating TB DOTS in their respective courses since the first 10 months of the program while 5 out of 18 (28 percent) are in the various stages of preparing teaching learning resources prior to integration. One school actually went ahead without the available syllabus.

The study showed that the TB-DOTS core curriculum was minimally to moderately integrated in the curricula of Philippine medical schools within its first 10 months of implementation. Respondents reported that the various components of the core curriculum, namely competencies expressed as learning objectives, content including scope and sequence of topics, teaching-learning activities, instructional resources, and plans to assess student achievement were integrated from a minimal to moderate extent in their respective courses. This integration was also observed to be limited to certain courses and still confined in the traditional biomedical perspective; concepts of controlling TB in the context of DOTS needed stronger focus.

At least five schools reported to be currently integrating the core curriculum according to the original design, although they have also taken several initiatives to modify, create, and contextualize their collections of teaching-learning repertoire. The medical colleges of De La Salle University, Mindanao State University, University of the Philippines, West Visayas State



University, and the University of Santo Tomas had overall designs that were consistent with the TB-DOTS core curriculum in terms of competencies students were expected to develop. Their teaching-learning activities and resources showed a rich collection of indigenous, interactive, practical, inexpensive, novel, and creative instructional designs that pervaded their first to fourth year levels of medical curricula. The quite limited assessment plans and instruments reviewed in the study also suggested that these schools showed a conscious attempt to determine student achievement consistent with the learning objectives set.

This monitoring study also showed that the integration of the TB-DOTS core curriculum was facilitated and/or hindered by elements that could be likened to the five DOTS ingredients enumerated above. Political commitment was identified by all respondents as most important for the core curriculum to get off the ground, and success was seen as determined by the level of commitment from faculty members, section heads, department chairs, college secretaries and deans. Varying stages of integration were noted among respondents because of issues that were considered political and administrative. Similar sustained political commitment should be given the medical schools from the levels of the municipal, city, regional and national levels of health care delivery system both from the private and public sectors so that TB-DOTS concepts can be integrated into actual community settings.

The other four elements are in the area of logistics support. Availability of microscopy facilities, supply of standardized drugs, and treatment regimen parallel the various logistics services that medical schools need badly to integrate the TB-DOTS core curriculum to the fullest. These may include among others:

1. *For the faculty members*
  - a. Training or orientation on the concepts of TB-DOTS and how these may impact their teaching and clinical practice.
  - b. Continuing professional education programs that may more adequately build their confidence in integrating TB-DOTS in their existing courses, including those on instructional design, test construction, facilitating small group discussions and writing self-instructional materials and other resources.
2. *For the medical school*
  - a. Supply or access to all pertinent TB-DOTS instructional resources. The hard and soft copies of the TB-DOTS core curriculum were apparently distributed to all medical schools without a clear directive on how they could be used. The guides for teachers and students were not even printed separately.
  - b. Availability and access to the most updated statistics that medical schools can use in revising their respective resources for instruction.

This logistics support need not be expensive once medical schools have established strong working links with associations mandated to advocate TB-DOTS, such as Philippine TIPS, PhilCAT, PhilHealth, and professional societies like the Philippine College of Physicians and the Philippine College of Chest Physicians.

The last ingredient is a standardized reporting and recording system. Having a core group of faculty members like the master TB educators could expedite this task. Regular monitoring of how the core curriculum is being integrated in the existing courses is the key to determining if indeed the influence of TB-DOTS in the medical schools could be identified as one of the reasons for the steady increase in cure rates of reported TB cases in the Philippines.

## **Seventh Quarterly Report (April to June 2004)**

### Training TB Diagnostic Committees

The project recognized the critical role of TB diagnostic committees (usually consisting of a radiologist, a pulmonologist, and an internal medicine physician), considering that almost half of TB symptomatics are sputum negative. In such cases the diagnostic committees are used to evaluate and judge whether the case is active TB or not. The use of diagnostic committees is prescribed in the NTP and is a requirement in the certification of DOTS centers. However, presently these committees do not have concrete, standardized operating guidelines on a clear cut definition of roles, criteria for evaluation, or parameters for reading PTB x-rays.

Two short-term consultants were commissioned to formulate the training modules for the diagnostic committee training, which will be conducted during the PhilCAT convention in August and replicated in Visayas and Mindanao, in September. The consultants are currently reviewing the existing policies on the committee and interviews with key DOH and WHO personnel are being arranged.

### Proposal for a National TB Control Program Training

The Philippine Tuberculosis Society Incorporated (PTSI), a leading NGO on TB control, has approached the project and is proposing to develop and conduct a course for TB program managers. This training course is intended to be a comprehensive training of important aspects of TB control for current or potential TB program workers and managers from the Department of Health, local government units and nongovernmental institutions and the private sector.

On initial review the team sees merit to the proposal, as it complements the present training of the project. Current training covers pre-service interventions (i.e., development of and assistance to integrate the DOTS syllabus in medical schools) and in-service/CME modules that will promote the practice of DOTS and improve the quality of the service provision. The proposed training will provide overall program implementation and management. Target clientele for this training will mostly be the public coordinators but could also include NGOs or coordinators of private DOTS services.

Philippine TIPS is awaiting a formal proposal from PTSI. Project assistance, if the proposal is deemed meritorious and is approved by USAID, will likely consist of technical assistance to finalize the curriculum and the modules; capital assistance for equipment such as a computer, LCD projector, and a negatoscope; and some logistical support for the first training program.

## **Task 5A Certification**

### Evaluation of DOTS Certification System

The report on the evaluation of the initial DOTS certification system was revised and is now on final technical editing.

### Update on Delineation of Roles for Certification (i.e., Sentrong Sigla and PhilCAT)

Consultative meetings between the DOH, PhilHealth and PhilCAT were held to flesh out issues pertaining certification. The DOH has already drafted a memorandum circular stating that the department, through the CHD Sentrong Sigla Assessors Team, will take the lead in the certification process.

## 5B Communication

### Integrated Communication Strategy

*Communication Research Study.* AC Nielsen was commissioned to conduct desk research on information-seeking behavior of physicians, media content analysis, and face-to-face interviews. The final reports were submitted in June.

The desk research focused on gathering and reviewing existing studies on how various information delivery practices influenced the treatment behavior of physicians. Results showed that continuing medical education courses are the preferred means of physicians obtaining information on TB. A majority also refers to periodicals, journals, and textbooks for additional knowledge. The Internet is also cited as a rich source of updated information.

For the media content analysis, the study examined the extent, timing, frequency, prominence, and reporting content of local TV programs, TV commercials, and radio commercials from October 2002 to October 2003 and of 396 issues of local newspapers from January to December 2002. The major findings are as follows:

- Extent of TB coverage: broadcasts on TB were very minimal
  - 1% among health-related topics in TV programs
  - 0.02% among total TV spots
  - 0.03% among total radio spots
- Timing: majority of TB reports or ads were aired in non-primetime
- Frequency: TB coverage was more frequent in the following months: Nov 2003 (TV programs); July 2003 (TV spots); Sept-Oct 2003 (radio spots)
- Prominence: TB had more coverage in the *Manila Bulletin* than in the *Philippine Star* or the *Philippine Daily Inquirer*
- Reporting content: TB coverage focused on the following topics: Incidence of TB infection worldwide and in the Philippines; causes and symptoms of TB; prevention of TB; treatment of TB via DOTS

The third phase of the communications research is a quantitative study using face to face interviews. One hundred physicians and sixty stakeholders such as NGOs, policymakers, professionals, were interviewed during the period of February 20 to March 19, 2004. Almost all the doctors mention medical journals, books, manuals, drug directories and compendium and convention seminars as their sources of information. These results are affirmed by the desk research.

*Communication planning.* A team of consultants was assigned to assist the project in crafting the integrated communications strategy. The team reviewed the findings of the AC Nielsen study and conducted a focus group discussion with key stakeholders to determine the communications and advocacy initiatives of the other organizations and how these would fit into the strategy being crafted by the project.

The preliminary design of the strategy was presented to the technical team in preparation for the strategic planning workshop in July 2004.

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### Project Communications

As part of the assistance being provided to the PhilCAT convention, the project, through the events management group, is assisting PhilCAT in the over all design of the convention. The project is also heavily involved in the publicity and promotion of the convention.

A project brochure is also being developed.

### Communications Support to Other Ttasks

Technical assistance was provided in the design of the IEC materials for the Pharmacy DOTS Initiative.

Deliverable G: Appropriate guidelines and regulations to promote necessary reimbursement programs among private health groups.

Objectives:

- Pursue financial analysis of private DOTS programs
- Pursue work plan on DOTS financing framework
- Provide TA support to PhilHealth

Targets:

- Financial analysis report for the five DOTS programs (MDH, DLSU, FCC, PhilamCare, and Unilab) and business plan for the first four
- SOW for the DOTS financing framework study
- Addendum to the PhilCAT/Philippine TIPS MOA to reflect TA agenda
- Various SOWs related to the TA agenda

## 7) Task 6 (Deliverable F): Financing

Financial Analysis of DOTS Models and DOTS Financing Framework. For start-up activities, the Philippine TIPS adviser for policy and finance, together with the Drs. Telyukov and Paterson, gathered data and information from the MHOs in public DOTS and Directors of Private DOTS during the KIIs in the selected DOTS centers visited for the PDF study. Meetings were also held with the officials of the PHIC/PhilHealth central office and in its regional office in Davao City. The discussions covered (1) sustainability issues and survival strategies with health care administrators and DOTS center managers; (2) the need for appropriate incentives to encourage coordination in PPMD centers; (3) the need for guidelines to assist public DOTS centers in participating in the PhilHealth TB outpatient program; (4) coordination of TB financing between the hospital and ambulatory facility; and (5) the need to evaluate the private sector care models. These will help in the analysis to determine the financial requirements that will sustain the financial viability of DOTS centers in different settings, i.e., hospital-based, NGO-based and public DOTS, among others.

The following preliminary findings and recommendations on the above issues were formulated by Dr. Telyukov: (1) provide policy guidance to public facilities supportive of participation in the PhilHealth program; (2) the possibility of pooled DOTS activities across a network of participating private providers with one practice providing specific service to all the patients of all participating practices; (3) compare the financial performance of various private DOTS models; and (4) provide recommendations for case management for ambulatory facility and hospital.

The draft report on the financial analysis of DOTS models and the financing framework is expected in early third quarter of 2004. The output for this activity will also input into the DOTS replication activity under Task 4.

TA Package to PhilHealth preliminary claims data have been collected for the first round of estimation for the design of the actuarial study. Review of this dataset is ongoing and additional data requirements to support the actuarial analysis may still be identified. Work on this activity will be in full swing in the third quarter of 2004.

TA Package to DOH Health Sector Reform Agenda (HSRA) The Philippine TIPS adviser for policy and finance has initiated discussions with the DOH Health Policy Development and Planning Bureau (HPDPB) to facilitate the development of operational policy guidelines to effect reforms in public health, using TB as model for disease control. The proposed TA will cover issues related to financing, technical leadership, quality assurance, and support mechanisms to fast-track the implementation of the HSRA for public health.

## 8) Project Management Activities

Objectives:

- Pursue capacity building of PhilCAT
- Pursue hiring for vacant positions

Targets:

- Workshop/implementation program for PhilCAT OD and sustainability plan
- Deployment /hiring of the ff: a project implementation consultant, three additional site managers for the PDI, DOTS fund program manager and two more DOTS technical specialists and various STTA consultants

### PhilCAT Institution Building

In October 2003, Philippine TIPS provided its second phase of technical assistance in preparing PhilCAT's Organizational Development (OD) and Sustainability Plan, which took off from the strategic plan prepared in April, 2003. The OD and sustainability plan was submitted to its board of directors for comments and approval. The PhilCAT board agreed, in principle, with the various recommendations contained in the OD and sustainability plan, but requested technical assistance to translate the plan into a priority action program. The board also agreed that the process of developing the priority action program should be consultative and participatory, i.e., engage the board members in developing the OD and sustainability priority action agenda.

The Philippine TIPS response to the board's request was a short-term consultancy with the following objectives and expected outputs:

- Provide the leadership of the PhilCAT with a participative and systematic process to arrive at a prioritized action program that will translate the 2003 OD and sustainability plan into concrete targets, outputs, and timelines.
- Design and implement a planning workshop for the board where members can collaboratively determine the best course of action to set into motion the recommendations in the 2003 OD

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and sustainability plan. From the result of the workshop, the consultant will then draft the priority action plan and recommend to the board strategic steps to implement this.

The assignment resulted to the following major outputs:

1. Consolidation of previous and current organizational development assistance provided to PhilCAT. Based on the review of the 2003 PhilCAT strategic plan (April 2003) and the 2003 OD and sustainability plan (October 2003), the following information was gathered:
  - The 2003 PhilCAT Strategic Plan provided a highly participative and consultative processes that looped in the general assembly of PhilCAT and its major organizational members to arrive at PhilCAT's:
    - i. Affirmed vision and desired mission to the greater public with regard to TB and TB control, management, and prevention.
    - ii. Key strategies and programs to concretize its mission to the public and determine specific action steps to implement its programs with respect TB control and prevention.
    - iii. Assessment of strengths and capacity as provided by its major organizational members.
  - The strategic plan provided the overall direction of the coalition as an organization with a very specific advocacy for the country and its health goals. From this overall direction, an operating or implementing plan is required to focus the organizational development efforts of PhilCAT to attain its mission.
  - The 2003 OD and sustainability plan was created to provide PhilCAT with a blueprint in undertaking strategic steps toward addressing the organizational development and sustainability issues so that it could pursue its mission. In developing the plan, the consultant accomplished the following:
    - i. Provided a process of diagnosing the strengths and areas for improvement of PhilCAT as an organization and as a coalition.
    - ii. Identified strategic organizational and sustainability issues that must be resolved by the board to effectively attain its mission, strategies, and programs.
    - iii. Provided a framework for embarking on a systematic and integrated approach to implementing organizational strengthening.
    - iv. Recommended specific action steps toward addressing organizational and sustainability issues.
  - The overall OD and sustainability plan however needed to be translated into a concrete actionable program, with viable implementing structures and specific targets and timetable. It must be able to identify formal structures, systems, people, and resources and a management process that can integrate all efforts and activities pertaining to PhilCAT's organizational strengthening.

Given the accomplishments and major building blocks from the previous plans and processes, the current recommendations to the board included the creation of an OD program to ensure a systematic and integrated OD approach and the installation of a formal and accountable

structure toward implementing and managing organizational strengthening within a period of 18 months. Creating the OD program, however, must be participative and must be based on clear mandates and targets. To achieve this, certain organizational issues must be resolved by the board. Among the issues are the following:

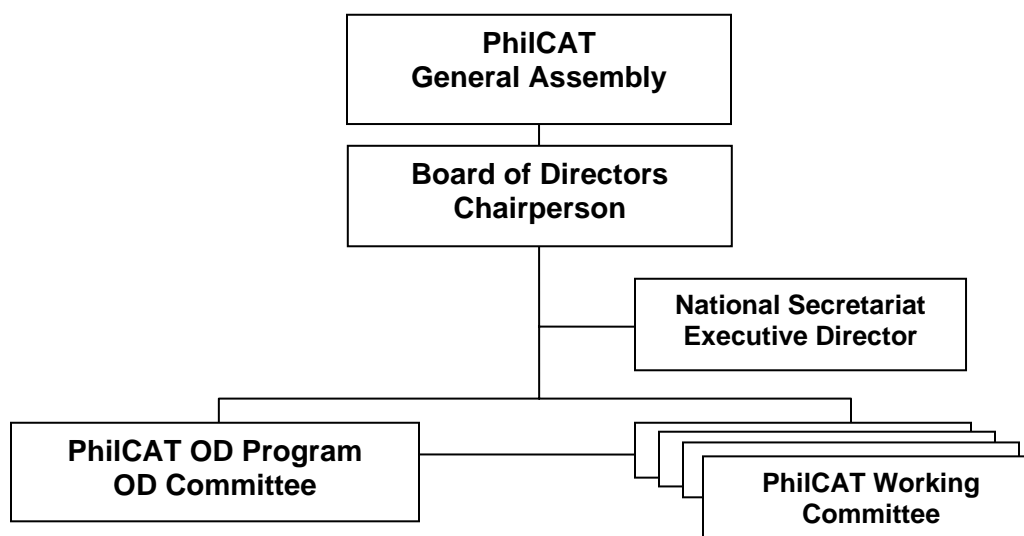
- What is PhilCAT's role and value to its 53 member organizations?
- What is its position and the role vis-à-vis the regional coalitions?
- What are PhilCAT's policies with regard to implementation of projects by the secretariat and by its members?
- What are PhilCAT's priority organizational systems that are vital to overall organizational performance and sustainability?
- What policies and strategies exist to manage members and external partners?

During the consultative interviews with executive committee officers in preparation for the OD planning workshop, these issues were addressed and an initial agreement toward creating an OD program was made.

2. *Design of the OD planning workshop.* A preparatory morning meeting with the executive committee was a part of the design of the entire OD planning process. The committee's buy-in of the design, its desired process, and its outcome were needed to help facilitate the discussion and decision-making of the rest of the Board during the planning session. The design of the half-day OD planning workshop the PhilCAT board and invited past chairpersons was aimed at creating an OD program that will serve as the priority action program for the organization. Its primary purpose was to arrive at major decisions with regard key organizational issues that need to be addressed in order to move forward toward organizational strengthening. The approval of the OD program, together with the creation of the OD committee, was crucial in ensuring that concrete action steps will be undertaken toward organizational strengthening and sustainability within an 18-month timeframe.
3. *Implementation of the OD planning workshop.* The workshop was designed as a participative process for translating the 2003 OD and sustainability plan into PhilCAT's priority action program. With a total of 14 board members, current and past, in attendance, the half-day OD planning workshop held on April 20, 2004, generated the following major results:
  - Approval of the OD program as the priority action program of PhilCAT.
  - Creation of the OD committee, its members, and mandate.
  - Identification of key working committees that will provide input to the OD program. Each working committee has a designated convener and identified core members.
  - Approval of the twin-mission of PhilCAT
    - External: TB control and prevention
    - Internal: Empowerment of PhilCAT members toward TB control
  - Resolution of key organizational issues pertaining to membership, project devolution and management, regional coalitions, and core organizational systems that must be installed within PhilCAT. The board adopted almost all of the recommendations presented in the 2003 OD and sustainability plan and resolved key issues likewise identified in the terminal report.
  - Identification of other organizational issues that must be studied and resolved by the board within a specific timeframe and identification of a systematic process in studying these issues (through the various working committees of OD).
  - Clarification of the Philippine TIPS contract and technical assistance which eventually led to the approval of the contract between Philippine TIPS and PhilCAT.

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- Decision to formally convene the OD committee and the various working committee of the OD program to plan for specific targets and set its deliverables within 18 months.
  - Identification of technical assistance required by the Board and the OD Committee in implementing the OD Program
4. The Priority Action Program: The PhilCAT organization development program. The Board agreed on the core mandate of the OD program as follows: strengthen organizational capacity in a systematic, efficient, and integrated manner so that it can pursue its mission and goals effectively and sustain its gains and impact on its members and in the society. The agreed PhilCAT organizational structure is given below:



The committees created and their respective mandates are given in the following table:

<b>Committees</b>	<b>Primary Function</b>
OD	Overall integrating and coordinating body that ensures seamless flow of activities for PhilCAT's organizational development.
Governance	Transparency and accountability of the organization to all its stakeholders. Provides major governance and management policies and processes, including organizational code of ethics.
Technical assessment	Technical assessment of key projects, activities entered into by PhilCAT; creation of policy and/or action recommendations to the OD Committee and the Board of directors.
Communications and marketing	Providing information where and when it is needed for informed decision-making and active participation and collaboration.
Resource management	Ensuring systematic, appropriate, transparent, and accountable structures and systems for resource development, generation, and sustainability.
Membership	Ensuring membership growth, satisfaction, and participation to attain TB control.
Regional coalition	Ensuring venues for attaining TB control in the local areas through active participation of PhilCAT members in the region and its partners.
External partnership	Ensuring relevant, effective, mutually beneficial, and sustained partnerships on the local, national, and international front.



The committees have started working on their specific tasks and mandates. By the next PhilCAT convention scheduled for August 25 to 27, 2004, major accomplishments will be reported to the assembly including the ratification of its amended constitution.

Philippine TIPS will continue to support this exercise by providing two short term technical consultants who will provide technical secretariat support to the integrating committee as well as liaise with the working committees. The fourth and perhaps the final phase of Philippine TIPS assistance to PhilCAT's institutional strengthening is the installation or implementation of specific systems and capacity-building measures based on the priority needs identified by the OD and sustainability action plan.

#### Support to PhilCAT Convention

USAID approved the request to support the August PhilCAT convention and earmarked \$150,000 out of the Philippine TIPS budget to defray the cost of the international speakers, events organizer, materials, meals, and other logistical requirements during the convention. The convention will be preceded by a one-day training program, covering guidelines for diagnostic committees, training of certifiers, media advocacy and a leadership course for health providers. The theme of the two-day convention is "*TB Control: Breakthroughs, Best Practices, Forging Partnerships.*"

#### Philippine TIPS Year 2 Work Plan

A Chemonics home-office supervisory visit was conducted April 19-30, 2004, to take stock of what has been done, but more importantly identify current issues and needs and agree on how to address these in the immediate or medium-term time frame. During consultations between the project team and USAID (represented by Catherine Fischer, the project activity manager) immediate measures were used as bases for revising the Year 2 work plan and the medium term measures will be factored in the Year 3 work plan.

The immediate measures were:

- Agreement in principle to continue support for DOTS models previously enhanced by Philippine TIPS, including the three CDC-assisted models (DLSU, MDH, and PhilamCare), assuming there will be a clearly defined program with an exit strategy. Central to the final decision to continue the support is strong political commitment on the part of implementers.
- A plan to investigate the potential of developing centers of excellence.
- Assistance to the DOH to update the CUP, including the integration of the recently formulated PPMD guidelines.
- Assistance to the Philippine Tuberculosis Society Incorporated to develop a training program for TB program coordinators.
- Support for the PhilCAT convention.

The medium-term measures were:

- Possible expansion of the MTBEA award.
- A review and identification of measures to contribute to demand generation, particularly in support of the DOTS centers assisted by the project as well as those that will be established in the 22 project sites.

## SECTION IV

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### Outstanding Issues and Options for Resolution

1. The Pharmacy DOTS Initiative (PDI), although not yet fully operational, achieved significant progress with its acceptance by the DOH, PPhA, and DSAP, and the considerable interest it generated among pharmacy owners, including big chains Mercury, Rose, and Watsons. From the initial plan to invite 15 participating pharmacies in each of the project's seven sites, the number increased to an average of 20-25. This resulted in almost double the number of trainees per site. The training, which is expected to be completed in August, is a pre-requisite to actual implementation. The original plan was to commence the operation by June and conclude in November. In view of the setback of the original schedule the PDI pilot implementation is proposed to be extended until January 2005.
2. The project revisited its earlier decision (as mentioned in this section of the Sixth Quarterly Performance Report) to delay the pilot implementation of the single practice network DOTS model. In the interest of time, the project decided to engage a short-term consultant who will pursue the development of an implementation plan, taking off from the rapid appraisal and conceptual design already completed. Additional information will be derived from the FGDs that the project will conduct. The implementation plan is expected to define in operational terms how a virtual DOTS network will be established and how this can be sustained. The implementation plan is expected to be completed in August 2004.
3. The project deliverables call for 25 DOTS programs implemented and achieving a treatment success rate of 85 percent. The project identified 22 strategic sites nationwide where the DOTS programs will be set up using the project's grant component as the implementation mechanism, with the rest coming from the replication of workplace models being developed and implemented through the PBSP subcontract. Because the grant is voluntary and competitive, the process could not ensure implementation in all the 22 sites. As such, USAID agreed that in areas where it is justified, more than one grant could be made. When, as anticipated, only 15 of the 22 sites submitted eligible proposals, a mini competition was launched that is expected to cover three additional sites. The project still expects a total of 22 DOTS programs to be implemented through the grant.
4. The project is currently reviewing the proposal of PTSI to set up a training course intended for TB control program managers. In principle, this training course complements the in-service training programs developed by the project that cater more to specific services in a DOTS program (e.g., basic DOTS for referring physicians, sputum microscopy, the diagnostic committee). The proposed course will cater to program managers who are or will be tasked to provide overall coordination and management to all aspects of TB control.
5. The planned covenant with PAMET (intended to improve TB diagnosis through quality sputum microscopy) will be expanded to include in the fold related players, particularly the Philippine Society of Pathology's clinical pathology group, the National TB Reference Laboratory of the Regional Institute for Tropical Medicine, and possibly JICA, which has been supporting improvement of microscopy services. The most significant

development to date is the agreement of the institute to spearhead the identification and recognition of sputum microscopy training centers (other than the NTRL in Alabang) to unclog the bottleneck and improve access to microscopists wanting to get “NTP-trained” status. The project will continue to follow up this measure in view of the need to immediately train some of the microscopists in its 22 DOTS programs.

6. The surge of initiatives on TB control by various players (including Philippine TIPS, PPMs of PhilCAT and the Global Fund, and the recent launch of the DOH’s TB Network) has brought some confusion on leads, delineation of roles, as well as the need for coordinated and synergized efforts. Through its integrated communication strategy, the project hopes to provide clarity on how to “brand” its interventions and how best to link up with overarching programs such as the TB Network and ensure consistency with national guidelines, such as the PPMD. Rather than avoid being construed as a competitor the project will present itself as a resource and steadfast partner of the DOH and PhilCAT. The success of the PDI in generating DOH interest on a Philippine TIPS undertaking is a good inroad to the DOH.

The project and USAID held a meeting with the DOH (represented by Undersecretary Lopez) and discussed the broad strokes of collaboration and coordination. Recently, the project responded to a specific request from the DOH to support the update of the CUP. The ongoing effort clearly demonstrates the synergy of collaborative efforts. For the DOH, the project assistance will facilitate the implementation of its mandate to put in place the necessary policy guidelines; for the project, having these guidelines issued in a timely manner will enable the efficient and effective operation of its DOTS programs.

7. On May 30, 2004, the project’s technical coordinator resigned. Though a loss to the project, the vacancy created the opportunity to review the current organizational structure and to revise it in response to current needs and future plans. The project will be submitting to USAID for its approval a revised organizational plan after its third year work-planning session, scheduled for the week of July 26, 2004.

## SECTION V

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### Status toward Achieving Sustainability of Efforts

Pursuant to the project's focus of institution building as the key strategy to sustain its efforts, current related initiatives are:

- Continuing assistance to PhilCAT's organizational development.
- Continuing collaboration with various stakeholders.
  - Medical professional societies related to advocacy on the use of DOTS as the best practice for TB treatment and the training of its members on the DOTS strategy.
  - The Philippine College of Radiology to clarify guidelines for x-ray reading for TB diagnosis.
  - The DOLE for the issuance of guidelines on TB control in workplaces, which will cover IEC on TB, de-stigmatization of the disease, treatment through DOTS, and non-dismissal of workers with TB.
  - PCCI and PBSP member companies to promote adoption of corporate policies and programs on TB control.
- PhilHealth technical assistance to improve its TB OPD package.
- Continued support to enhance four private DOTS programs with the objective of presenting models as well as exploring the potential of any of the sites to be a center of excellence.
- Close coordination with the Global Fund PPM DOTS project to ensure complementarity of efforts; in this regard Philippine TIPS will be represented in the national coordinating committee for PPM that will formulate standardized guidelines for structuring and operating PPM DOTS centers.
- Expanding network of partners and identification of existing institutions that may in addition to PhilCAT or through enabling support of PhilCAT sustain specific activities of the project, such developing TB program management training capacity of PTSI; and training of diagnostic committees that will support both public and PPMD DOTS programs.
- Nurturing collaborative arrangements with the DOH, e.g., updating the CUP, agreeing on PPMD drug supply, and agreeing on a monitoring and evaluation tool for PPMD DOTS programs.

## SECTION VI

## Performance Objectives for the Next Quarter

OBJECTIVES	TARGETS/MAJOR ACTIVITIES
<b>Deliverable A</b>	
<ul style="list-style-type: none"> <li>Complete the KAP survey of private physicians in the 22 sites</li> </ul>	<ul style="list-style-type: none"> <li>Final report on KAP survey and the situation analysis of selected private DOTS clinics</li> </ul>
<b>Deliverable B/Task 1</b>	
<ul style="list-style-type: none"> <li>Pursue immediate policy agenda: Private Sector Drug Facility, CUP, TB Patient Rights and Quality Assurance of DOTS provision</li> </ul>	<ul style="list-style-type: none"> <li>Final report: policy recommendation on private sector drug access to anti-TB drugs and mechanism for access</li> <li>Updated comprehensive and unified policy (CUP) including the revision of the Manual of Operations, Public-Private Mix DOTS guidelines</li> <li>DOLE guidelines on TB in the workplace (target launch during the PhilCAT convention)</li> <li>Implementation plan of six medical professional societies regarding MOA with Philippine TIPS and PhilCAT to support DOTS</li> <li>Covenant with the Philippine College of Radiology re support to TB Control</li> <li>Agreement with RITM on accredited agencies for sputum microscopy training</li> </ul>
<b>Deliverable C/Task 2</b>	
<ul style="list-style-type: none"> <li>Pursue ongoing development of new DOTS models: PDI, SPN, workplace/workforce</li> </ul>	<ul style="list-style-type: none"> <li>Completion of all PDI training of pharmacists and clerks and actual implementation of the program</li> <li>Completion of SPN implementation plan and preparation of pilot implementation program</li> <li>Completion of formal workplace replication guidelines and replication in three sites: Wyeth, Medicaid, and GST</li> <li>Start-up of pilot implementation of informal workforce model by WGA</li> </ul>

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OBJECTIVES	TARGETS/MAJOR ACTIVITIES
<b>Deliverable D/Task 3</b>	
<ul style="list-style-type: none"> <li>Complete the situation analysis post-enhancement and finalize replication guidelines</li> <li>Pursue DOTS model enhancement and explore development of centers of excellence</li> </ul>	<ul style="list-style-type: none"> <li>Final report of the second situation analysis</li> <li>Final replication guidelines for five models: local coalition-based, hospital-based, HMO-based, multi-specialty clinic-based, and formal workplace-based</li> <li>Work plan for continued assistance to existing models</li> <li>New MOA between project and implementers</li> <li>Commencement of a study on the development of centers of excellence</li> </ul>
<b>Deliverable E/Task 4</b>	
<ul style="list-style-type: none"> <li>Implement DOTS replication/expansion grants</li> </ul>	<ul style="list-style-type: none"> <li>Signed agreements with 22 grantees</li> <li>Grant orientation</li> <li>Training for DOTS Providers</li> <li>Training for diagnostic committees (first session)</li> <li>Start up of operations</li> </ul>
<b>Deliverable F/Task 5</b>	
<b>Training</b>	
<ul style="list-style-type: none"> <li>Mentor/monitor MTBEA grantees</li> </ul>	<ul style="list-style-type: none"> <li>Progress reports of first round (3) MTBEA grantees</li> <li>Signing of grant agreements for the second round (7) MTBEA grantees</li> <li>Grant orientation</li> <li>Mentoring /assistance in the work planning and start-up implementation</li> </ul>
<ul style="list-style-type: none"> <li>Evaluate status of integration of DOTS syllabus in medical curriculum</li> </ul>	<ul style="list-style-type: none"> <li>Final report of the evaluation of the integration of the syllabus prepared by the project into the medical curriculum</li> <li>APMC workshop to present findings and agree on recommendations to improve integration</li> </ul>
<ul style="list-style-type: none"> <li>Continue to develop priority training programs</li> </ul>	<ul style="list-style-type: none"> <li>Agreement with RITM on microscopy training</li> <li>Final report/modules for diagnostic committees</li> <li>Draft MOA with the Philippine College of Radiology</li> <li>Recommendation on proposed PTSI training program</li> <li>Certifiers training (in PhilCAT convention)</li> </ul>
<b>Certification</b>	
<ul style="list-style-type: none"> <li>Review/update the CMOP</li> </ul>	<ul style="list-style-type: none"> <li>Agreement with DOH and PhilHealth on who certifies and process flow for certification ( <i>Note: The project will seek DOH advise on whether it would want to update the CMOP based on these agreements.</i>)</li> </ul>
<b>Communications</b>	
<ul style="list-style-type: none"> <li>Pursue development of integrated communications strategy/plan</li> <li>Continue assistance to communications needs of other tasks</li> </ul>	<ul style="list-style-type: none"> <li>Integrated communications strategy and action plan</li> <li>BOA for providers of service for communications tasks</li> <li>Various assistance to communications needs of other tasks (e.g., IEC materials for PDI and DOTS programs, dissemination of the DOLE's TB in-the-workplace guidelines, dissemination of Unilab experience, documentation of DLSU DOTS program experience, etc.)</li> </ul>
<b>Deliverable G/Task 6</b>	
<ul style="list-style-type: none"> <li>Pursue financial analysis of private DOTS programs</li> <li>Pursue work plan on DOTS financial framework</li> <li>Provide TA support to PhilHealth</li> </ul>	<ul style="list-style-type: none"> <li>Financial analysis report for the five DOTS programs (MDH, DLSU, FCC, PhilamCare, and Unilab) and a business plan for the first four</li> <li>SOW for DOTS financing framework study</li> <li>Addendum to the PhilCAT/Philippine TIPS MOA to reflect TA agenda</li> <li>Various SOWs related to the TA agenda</li> </ul>

OBJECTIVES	TARGETS/MAJOR ACTIVITIES
<b>Project Management</b>	
<ul style="list-style-type: none"> <li>• Pursue capacity building of PhilCAT</li> <li>• Continue support for the PhilCAT convention</li> <li>• Revise project organizational structure</li> </ul>	<ul style="list-style-type: none"> <li>• Progress reports of OD committees</li> <li>• Signing of PhilCAT subcontract</li> <li>• PhilCAT convention</li> <li>• New organizational structure</li> <li>• Hiring of additional long-term personnel</li> </ul>