

PHILIPPINE TUBERCULOSIS INITIATIVES FOR THE
PRIVATE SECTOR
NINTH QUARTERLY PERFORMANCE REPORT
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TABLE OF CONTENTS

Acronyms		i
Executive Summary		iii
SECTION I	Introduction	1
	Project Description	1
	General Approach, Strategy and Targets of the Previous (2003-2004) Annual Work Plans	2
SECTION II	Ninth Quarter Accomplishments	4
	Deliverable A: Baseline data collection and Performance Monitoring Plan	4
	Deliverable B: TB success rate and a scale of measurement indicators of achievement of contract objectives	6
	Task 1: Enabling environment	6
	Deliverable C: Best strategies identified through OR to improve and expand TB DOTS implementation in the private sector	10
	Task 2: Operations Research	10
	Deliverable D: Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication	15
	Task 3: DOTS Model Development	15
	Deliverable E: Best TB DOTS approaches/service models implemented in at least 25 units located in strategic cities/large municipalities nationwide	16
	Task 4: DOTS Model Replication	16
	Deliverable F: Teaching and training of TB DOTS conducted in medical professional schools and behavior campaigns implemented to improve the health behavior of private providers	20
	Task 5A: Training	20
	Task 5B: Certification	23
	Task 5C: Communication	24
	Deliverable G: Appropriate guidelines and regulations are developed to promote necessary reimbursement programs among private health groups	27
	Task 6: Financing	27
	Project Management	30
SECTION III	Outstanding Issues and Measurements Taken or Options to Address the Issues	33
SECTION IV	Status toward Achieving Sustainability of Efforts	35
SECTION V	Planned Performance Objective for the Next Quarter	36
SECTION VI	Financial Report	39
ANNEX A	Performance of DOTS Grantees	
ANNEX B	Framework of the Department of Health's Health Promotion Plan for the National Tuberculosis Program, as incorporated in the NTP Manual of Procedures	

ACRONYMS

AFB	Acid Fast Bacilli
ASI	American Standard Incorporated
BFAD	Bureau of Food and Drugs
CADPI	Central Azucarera Don Pedro, Inc.
CDC	Centers for Disease Control and Prevention
CHD	Center for Health Development
CME	Continuing Medical Education
CMS	Commercial Market Strategies
CSR	Corporate Social Responsibility
CUP	Comprehensive and Unified Policy for TB Control
DLSU	De la 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
ICS	Integrated Communication Strategy
IEC	Information, Education, Communication
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	Nongovernmental 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 Chambers 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	Philippine Tuberculosis 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 Network
TBDC	TB Diagnostic Committee

Executive Summary

The highlights of this ninth quarterly report for the Philippine Tuberculosis Initiatives for the Private Sector project (Philippine TIPS) are the following:

Survey on KAP of Private Physicians This unprecedented survey of Philippine private physician practice on the treatment of tuberculosis completed its field work for the survey of 1,535 physicians as well as the situational analysis of nine clinics offering DOTS services to the general public. The survey focused on the five physician groups treating TB: general practice, 71% treat TB; family medicine, 82%; internal medicine, 73%; pulmonology, 96%; and, infectious disease, 81%. Most of the physicians use acid fast bacilli (AFB) smear microscopy (a low of 45% among GPs and a high 72% among pulmonologists). Among the physicians aware of DOTS (range of 68% to 99%), a third of internists to 59% of pulmonologists were adopting DOTS in their practice.

Health Policy During this quarter, Philippine TIPS gathered the support of six major medical societies for their action plans to promote the practice of DOTS among their members. The Board of the Philippine Coalition Against Tuberculosis (PhilCAT) accepted their proposals and will provide support through the subcontract between Philippine TIPS and PhilCAT. The project continued to provide assistance to the National TB Program (NTP) to complete revisions of the "Comprehensive and Unified Policy for TB Control in the Philippines" and the Manual of Procedures for the NTP". Philippine TIPS also commenced the design of the Private Drug Facility STTA during the quarter. The scope of work for the STTA for TB Policy Advocacy was also prepared and submitted for approval. In the area of TB patient rights, the project continued cooperating with the Department of Labor and Employment, with respect to the Department Order on TB in the workplace and TB patients' rights. As part of its advocacy, the project gave a presentation during the Philippine Business Conference to inform management and policy makers about the TB DOTS, TB patients' rights, and TB in the workplace initiatives of Philippine TIPS. The Project also participated in the organizational meetings of Rotary International (RI) Makati District on the implementation of STOP TB in the Rotary Clubs under its areas of coverage.

Operations Research The project completed the feasibility study for the Single Practice Network (SPN) to be implemented at two sites: Dumaguete and Iligan cities. With USAID approval for the pilots obtained, the project will see groundwork for the SPN project in January 2005. The Mystery Shopper phase of the Pharmacy DOTS Initiative (PDI) was completed in December, and together with project monitoring reports, the findings will be the focus of the evaluation of PDI prior to saturation of the seven sites in the final three quarters of the project. The DOTS in the Workforce subcontract completed review of the Informal Workplace pilots and expanded its DOTS in the formal workplace component. The Operations Research (OR) working group also was convened to set some priorities for OR in 2005; task managers also contributed to the development of the research agenda.

Private DOTS Model Development A Center of Excellence in TB control was the focus of work in this area in the past quarter. After the Philippine team developed a working concept, supported by the New Jersey Medical School National TB Center and by Chemonics home office, a study tour was appended to the travel of the Philippine TIPS delegation to the American Public Health Association conference in

November 2004. After visiting three DOTS model centers in the United States, the team developed the concept and identified next steps for completion in the Philippines. This task also completed the work on the replication guidelines for DOTS centers. A final draft is now ready for presentation to the DOTS center implementers in January 2005.

Replication/Expansion of DOTS Programs Philippine TIPS currently provides funding and technical support to 20 PPMD programs in 17 strategic urban sites in different areas of the country. These programs have seen a combined total of nearly 1,900 TB suspects, of which 40% were referred by doctors, mostly certified DOTS referring physicians. The project continues to give technical assistance to Regional Coordinating Committees. During the quarter, it provided assistance to PhilCAT certification and accreditation by the Philippine Health Insurance Corporation (PHIC) of the 20 PPMD programs.

Training The project continued to provide technical assistance to medical school grantees of the Master TB Educator Award, particularly those belonging to the second batch. Philippine TIPS conducted a seminar for faculty members of St. Luke's College of Medicine on instructional materials and learning resources on DOTS, including an overview of the DOTS syllabus developed by Philippine TIPS in cooperation with the Association of Philippine Medical Colleges and PhilCAT. Also in training, the project extended technical assistance to the Philippine Tuberculosis Society Inc. in developing and conducting a course for TB program managers. Finally, Philippine TIPS enhanced the training module for newly formed TB Diagnostic Committees (TBDC) and conducted trainings for TBDCs based in Northern Luzon, Visayas, and Mindanao.

Certification After an evaluation, Philippine TIPS updated and improved the DOTS certification system and prepared a certification manual for assessors. It continued to conduct policy discussions with PHIC and the Department of Health (DOH) to resolve issues regarding accreditation of the PPMD programs assisted by Philippine TIPS. Toward the end of the quarter, the project engaged two consultants to develop a manual to help PPMD centers understand certification standards and the self-assessment checklist.

Communication During the quarter, the project conducted an Integrated Communications Strategy Forum for major stakeholders and partners to broaden ownership of the strategy. It also began referencing the ICS in technical assistance to PhilCAT and the DOH, which requested help from Philippine TIPS in crafting their respective TB communication programs. The project gained visibility in two international conferences and, during a national dialogue on media and governance, pushed the importance of TB reporting. The project was featured or significantly referred to in several articles that appeared in major newspapers and magazines. Support continued to be provided to other project tasks and program partners. A new avenue for pushing TB-related messages was opened when the project was designated a permanent member of a national committee to promote the findings of the 2003 National Demographic and Health Survey.

Health Financing The STTA on Business Planning and Financial Management (BPFM) commenced on December 1, 2005. The STTA is intended to formulate the guidelines that will help the 20 Philippine TIPS DOTS Grantees become viable and sustain their operations beyond the period of the grant. Said "Guidelines" will serve as volume 2 of the Replication Guidelines currently being finalized under Task 3. In addition, the scope of work for the TB Financing Framework was also drafted and submitted for approval together with the recommended team of consultants. The STTA is consistent with

health care financing reforms articulated in the HSRA of 1999 and will conform with its basic guiding principles and criteria for efficiency (both allocative and technical), equity, and sustainability.

PHIC and Philippine TIPS also collaborated in the internal documentation of the experiences in TB DOTS certification. These served as inputs to the paper presented in the APHA Convention in November 2004. Dialogue is ongoing between PHIC and Philippine TIPS concerning assistance to conduct an actuarial study and assessment/review of reimbursement policies and procedures as they impact directly on the long-term financial viability of PPMDs.

Project Management By the end of the quarter, Philippine TIPS assistance to the Organizational Development (OD) of PhilCAT resulted in several positive outputs by seven OD committees. For example, significant steps have been taken to carry out a resource generation plan and a marketing/communications plan for the coalition. Internally, Philippine TIPS experienced movements in senior staff during the quarter and a more active role of home office executives who provided interim administrative assistance to the field office.

* * *

With three quarters to go for project implementation, the project has laid all the groundwork for the remaining deliverables required by USAID's RFP. Some deliverables, among them a follow-up KAP on private TB practice, can still be organized within the current timeframe. Other activities, such as additional DOTS grantees, MTBEA awardees, and the selection of TB Control Centers of Excellence, will clearly be left for a fourth year of project implementation, if granted.

From a national perspective, the project's contributions to TB control have been felt only in this quarter and will continue to accumulate into the last three quarters of the project. Optimization of these contributions can add 10% to 15% in case detection rates in the areas where the project works. The institutions and instruments developed by the project (certification, training for private physicians and medical and allied health professionals, TB diagnostic committee support, enhancement of service delivery through operations research and development, and implementation of new models such as PDI and DOTS in the workforce) also have been demonstrated to be useful and potentially crucial to bringing about success in areas such as health education, the workplace, and drug dispensing.

SECTION I

Introduction

Project Description

Philippine TIPS supports USAID’s overall goal of reducing the prevalence of tuberculosis in the Philippines. Specifically, the project aims to increase the successful diagnosis and treatment of TB patients by achieving a success rate of at least 85% using DOTS through commercial private sector services in selected sites. Its focus is to build foundations, develop institutions, and establish strategic and sustainable measures toward a long-term solution to reducing TB prevalence, involving the private sector as an active participant. The project improves and standardizes TB control and management using the DOTS strategy.

The project has six tasks and seven major deliverables. Each deliverable specified corresponds to a complementary task, except for one overarching deliverable that requires contributions from all tasks.

BOX 1

Project Tasks and Deliverables

Project Tasks	Major Deliverables
<u>Inputs from all tasks.</u>	Deliverable A: Baseline TB success rate data and a scale of measurement indicators of achievement of contract objectives.
Task 1: Enabling Environment. Policies, guidelines, and regulations revised and expanded to support appropriate, complementary DOTS implementation by public and private providers.	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.
Task 2: Operations Research. Best strategies identified to improve and expand DOTS implementation in the private sector.	Deliverable C: Best strategies identified through OR to improve and expand TB DOTS implementation in the private sector.
Task 3: Develop/Create DOTS Models. Private sector models developed, implemented, and assessed.	Deliverable D: Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication.

Project Tasks	Major Deliverables
<p>Task 4: Replication of DOTS Models. Best approaches/models are implemented and adapted in at least 25 service delivery points in strategic, urban cities/municipalities nationwide with a potential for replication beyond those 25 sites.</p>	<p>Deliverable E: Best TB DOTS approaches/service models implemented in at least 25 service delivery points in strategic cities/large municipalities nationwide.</p>
<p>Task 5: Training, Certification, Communication. Sustainability of all TB programs strengthened through improved teaching and training in medical schools and improved health-treatment behavior of the private providers.</p>	<p>Deliverable F: Teaching and training of TB DOTS conducted in medical professional schools and behavior change campaigns implemented to improve the health-treatment behavior of private providers.</p>
<p>Task 6: Financing. National health care financing schemes that strengthen private sector delivery of TB control and cure service developed and implemented.</p>	<p>Deliverable G: Appropriate guidelines and regulations are developed to promote necessary reimbursement programs among private health groups.</p>

General Approach, Strategy, and Targets of the Previous (2002-2004) Annual Work Plans

The following four pillars of the technical approach of the project underpin the strategies adopted in the annual work plans:

- Enhance and/or create demand-driven solutions — use business incentives and market signals to motivate private providers to use DOTS in recommending policies, guidelines, and regulations and in developing private sector DOTS models; use competitive grant process in model replication.
- Leverage open society and media — build awareness of the magnitude of the TB problem; prepare an integrated communication strategy for the project to strengthen advocacy for treatment behavior change of private providers, particularly to encourage the use of DOTS, mobilize support for project interventions, disseminate project outputs, and highlight successes and lessons learned.
- Build on existing infrastructure and talent to foster sustainability — collaborate with local institutions working on TB control and build on existing infrastructure and initiatives consistent with the objectives of the project; in particular, develop further and enhance existing pilot DOTS models and replicate in strategic sites nationwide; partner with PhilCAT and assist in the capacity building of the organization to enable and empower it further to sustain the efforts of the project beyond its life.
- Maximize the mix of private-public problem solving bodies — adopt a consultative and participatory approach in policy formulation; involve public and private local bodies in identifying solutions to TB control issues and committing to measures within their control and means, e.g., covenants with employers to promote TB patient rights or with professional societies to promote the use of and/or improve the quality of DOTS service.

In the first year of the project, work plan efforts were focused on groundwork activities, e.g., establishing the policy agenda, organizing policy consultation groups, generating project visibility in the news media, developing partnerships with DOTS model implementers, preparing assessment tools for and enhancing existing models, designing and piloting new DOTS models in private sector settings, and teaching and training modules among others, which set the stage for the strategic and substantive interventions of the project programmed in Year 2.

Recognizing the primacy of the overall objective of achieving an 85% success rate in the private sector TB treatment using DOTS in project sites, the centerpiece of the second year work plan was model development and replication/expansion in 25 strategic units nationwide. Each of the project tasks deliberately prioritized activities in support of this core task.

At the beginning of the third year of the project (October 2004), more than 25 DOTS service delivery points were in place, which included the DOTS Fund grantees (20), formal DOTS in the Workplace models and replicants (6), and informal DOTS in the Workplace models (2). The project was also ready to initiate discussions with three CDC-assisted DOTS clinics as CDC-PhilCAT assistance was slated to end in 2004.

Alongside this core effort, but no less important, are programs and activities that contribute to building or enhancing institutions that enable, promote, and sustain the practice of DOTS in the private sector. These include improving the policy environment and financing mechanism for TB treatment, operations research to support model development, DOTS training, strengthening the integration of the DOTS syllabus in the medical curriculum, Continuing Medical Education programs, news media visibility, and communications support to various tasks.

SECTION II

Ninth Quarter Accomplishments

Deliverable A: Baseline Data Collection and Performance Monitoring Plan

Objectives: Establish KAP on TB treatment of private providers and periodically update and submit report on the project's Performance Monitoring Plan

Targets:

- Conduct baseline survey on private physicians KAP on TB treatment in the 25 replication/expansion sites of the project
- Finalize and obtain USAID approval of the project's Performance Monitoring Plan (PMP)

Major accomplishments:

- Completed the data collection segment of the provider survey of 1,535 private practitioners seeing TB patients and symptomatics in project sites, including the situation analysis of six private clinics/centers delivering DOTS services.

Baseline Survey of Private Physicians' KAP

The study commenced on January 12, 2004 and was implemented through a subcontract with the University of the Philippines Economics Foundation. A total of 8,000 physicians were identified and included in the roster of TB-treating physicians in the 22 project sites. Of the 8,000, the target sample size was about 25%. Survey tool development and training of interviewers were completed in March 2004 and the actual survey commenced in April. At the completion of data collection, 1,535 private physicians were surveyed, a landmark in Philippine medical practice surveys. A situation analysis in six selected sites complemented the survey and was conducted in August-October 2004.

Highlights of the results based on a preliminary analysis are: 1,535 physicians from 22 sites (places coinciding with Philippine TIPS' 22 projected DOTS sites) responded to the survey. Eighty-five percent of the respondents were general practitioners, family physicians, internists, pulmonologists and infectious disease specialists. Seventy-one percent of the respondents actually treat TB patients regularly, seeing an average of 16 TB patients a month. Nearly half (45%) to 72% of physicians/specialist groups seeing TB now use Acid Fast Bacillus sputum smears in their practice, while a low of 68% (general practitioners) and a high of 99% (pulmonologists) are aware of Directly Observed Treatment Strategy in TB. A third (32% of internists) to more than half (59% of pulmonologists) have adopted DOTS in their practice, with varying degrees of success.

Performance Monitoring Plan (PMP)

Box 2 shows the summary of project indicators, progress in achieving targets in Year 1 and 2, and targets over the life of the project.

BOX 2

Summary of Project Performance Monitoring Plan

Indicator/Definition	Baseline Value	Actual Value for Year 1	Actual Value for 9 th Quarter	Target Value End of Project
1. TB treatment success rate of 85%	0	0	(Task 4 reports) 77% 85% sputum conversion rate at 2-3 months among 20 grantees	85%
2. Number of certified DOTS engaged medical doctors	0	50	456 (256 from TIPS grantee clinics, 200 from CDC, Workplace clinics)	600
3. Number of certified private DOTS programs/clinics/DOTS centers	0	5	26 certified private clinics (11 of these 26 private clinics certified are TIPS grantees, 2 are MTBEA grantees, 9 are CDC clinics assisted by TIPS); 88 certified clinics in all, including public facilities	31
4. Practice of private physicians on DOTS in 25 sites	0	0	(UPEcon) 20-25%	50%
5. Number of organizations with covenants to provide quality DOTS services and TB patient rights expanded	0	6	15 covenants (6 professional societies, 2 pharmacy chains, 2 pharmacy/ist organizations, PHIC, 2 companies and 2 Rotary districts)	13
6. Access of private sector to TB health services financing and affordable and quality TB drugs	0	Agreement on access to GDF drugs by private sector	24 private clinics have access to medicines, (20 TIPS grantees and 4 workplace clinics) PHIC TA partially accomplished	Coordination of improved benefits piloted (PHIC package and PDF)

The targets for the next quarter are:

- Disseminate the first private provider KAP survey.
- If, as expected, USAID exercises its option for a fourth year for Philippine TIPS, a post-intervention survey will be conducted starting May 2006 to determine the change in the number of private physicians practicing DOTS in the same areas.
- Submission of the Year 2 PMP Report to USAID by early February 2005.

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.

Task 1: Enabling Environment

Objective: Implement policy reform agenda related to drug access, DOTS quality assurance, and promotion of TB patient rights.

Targets:

- Design a private sector drug facility (PDF)
- Assist in the implementation of a quality assurance covenant of Philippine TIPS and PhilCAT with six medical professional societies
- Establish covenants with employers and institute, through government directive, protection of TB patient rights
- Implement policy advocacy strategy and organize a Private Sector TB Summit

Major accomplishments:

- Commenced PDF design following completion in Q8 of situation analysis of anti-TB drug supply/demand, and drug supply management
- Continued follow up/liaison work and monitoring progress in the formal adoption and signing of the DOLE Department Order re TB in the work place and TB patients' rights
- Provided technical assistance to six medical professional societies to implement TB DOTS Quality Assurance strategies per MOA of Philippine TIPS and PhilCAT
- Covenant with Rotary to implement TB control programs in various clubs within Makati and Quezon City districts
- Participated in Philippine Business Conference to inform business sector management and policy makers on TB DOTS, TB patients' rights, and TB in the workplace initiatives of Philippine TIPS
- Assisted DOH the CUP Update, MOP revision, to include fixed-dose drug combination regimens and Private-Public Mix DOTS guidelines
- Drafted scope of work on policy advocacy

Private Drug Facility (PDF)

Phase 1 of the PDF focused on problem identification and needs assessment. Phase 1 highlighted the need for an uninterrupted supply of TB drugs in the private sector and focused on issues related to drug procurement, distribution, storage, use, and financing. Senior DOH officials verified the government's commitment to supply TB drugs required for both public and private DOTS centers in accordance with NTP policies and procedures. However, uncertainties in budget allocation and allotment, coupled with lack of mechanisms for multi-year budget allocation, could hamper the capacity of the DOH to honor this commitment beyond 2006. If current levels of budget appropriation are maintained and the price of Global Drug Fund drugs remains stable, a sufficient drug supply can be assured only up to 2006 or at most up to 2007. Major improvements are, however, needed in the distribution, storage, use, and financing of TB drugs in order to sustain the commitment for uninterrupted supply.

Phase 2 will be launched in Q10, with a stakeholder workshop scheduled for January 2005.

TB Patient Rights. The primary objective is to eliminate employment discrimination against TB patients and promote DOTS for TB case detection and treatment in the workplace. This will entail changing the screening protocol for prospective employees and the annual physical examination of current employees from Chest X-Ray to AFB smear examination. Likewise, change is due for management's attitude toward TB. Instead of disqualifying TB suspects from employment, management is enjoined to report and refer them to a DOTS center for proper case management, without prejudice to hiring qualified applicants or retaining employees certified medically fit to work.

The project's approach to patient rights is 3-pronged. First, Philippine TIPS participated in drafting TB Workplace Guidelines and continues to lobby the Department of Labor and Employment (DOLE) to adopt these guidelines via a signed Department Order. The second track is to negotiate with the Philippine Chambers of Commerce and Industry (PCCI) to raise employer awareness on TB DOTS and promote adoption of TB patient rights as part of corporate social responsibility. In Year 2, a seminar on TB in the workplace was sponsored, followed by a meeting with the PCCI secretariat. In Q9, PCCI provided a slot for Philippine TIPS to make a roadshow presentation during the Philippine Business Conference. The third track is to encourage large business organizations (employing at least 1,000 employees) to sign a covenant, adopting a DOTS workplace policy, and be a model for other employers. Preliminary discussions in Q9 with the Philippine Long Distance Telephone Company or PLDT (which employs more than 10,000) yielded positive results; a draft memorandum of agreement (MOA) was prepared and is currently being reviewed by the legal office of PLDT.

Quality Assurance. As a follow-through to the MOA signed in Year 2 between the six medical professional societies and Philippine TIPS/PhilCAT, the project is formulating an action plan to concretize the agreements extended to all six societies, namely: Philippine College of Physicians (PCP), Philippine College of Chest Physicians (PCCP), Philippine Society of Microbiology and Infectious Disease (PSMID), Philippine College of Occupational Medicine (PCOM), Philippine Academy of Family Physicians (PAFP), and Philippine Pediatric Society (PPS). Philippine TIPS collaborated with each society to identify priority projects and activities to be implemented to

sustain the TB DOTS quality assurance initiatives in the next three years, beginning in 2005. The planning process involved consultations with each society, individually through one-on-one discussions and collectively through workshops and focus groups.

To facilitate coordination of activities among the societies, the project sponsored a workshop and a follow-up meeting was convened to firm up agreements among the societies regarding their respective roles and how they relate and collaborate with one another. The goal of these activities is to integrate TB DOTS into the societies' regular quality assurance programs, including pre-service and in-service training, accreditation, fellowship examinations, and research.

For planning purposes, the societies were organized into three clusters. Cluster 1 consisted of PCP, PCCP, and PSMID. Cluster 2 consisted of PCOM and PAFP. PPS was Cluster 3. Common activities that all professional societies identified as their particular contribution to sustaining TB DOTS quality assurance are as follows:

- a) Conduct of basic DOTS training as part of their Continuing Medical Education/Continuing Professional Education (CME/CPE), for which a common syllabus and training module will be shared by all under PhilCAT leadership;
- b) Participation in PPMD certification and in regional coordinating committees;
- c) Inclusion of TB DOTS-related questions in their respective specialty board/fellowship examinations;
- d) Establishment of PPMD Centers;
- e) Development of standards, quality improvement, and research;
- f) TB advocacy and coalition building;
- g) Database development; and,
- h) Monitoring and evaluation.

Joint activities among societies in the same cluster were also discussed and clarified. For example, when PCP conducts basic DOTS training during their regular convention, PCCP and PSMID could be invited as resource persons or participants.

In December 2004, agreements were reached about the priority of TB DOTS-related activities and programs that each society will pursue in the next three years. Support needed from PhilCAT, DOH, PHIC and Philippine TIPS to fast-track the implementation of these activities also were identified and processes for obtaining support were discussed and agreed upon. The agreements reached were endorsed by the PhilCAT Board. In Q10, a draft final report will be disseminated to partner institutions, including the professional medical societies, PhilCAT, and other stakeholders.

Philippines TIPS partner, PhilCAT, will supervise, monitor, and oversee implementation of the action plans of all professional medical societies. Philippine TIPS will shift focus to other professional societies dealing with TB diagnostics, namely the Philippine College of Radiology (PCR), Philippine Association of Medical Technologists (PAMET), Philippine Society of Pathologists (PSP), and the National Reference Laboratory (NRL) group. The objective is to arrive at a consensus on diagnostic standards and procedures, quality assurance mechanisms for TB diagnosis, the roles of various stakeholders with regard to certification and accreditation of AFB microscopy centers, TB Diagnostic Committees, and the like. Preliminary discussions have

been made with PCR and the NRL group toward signing a MOA with Philippine TIPS, which will form the basis for providing short-term technical assistance to these societies, similar to that of professional medical societies.

Comprehensive and Unified Policy for TB (CUP) Update. In Q9, Philippine TIPS responded to DOH's request for support in updating and revising the CUP and the NTP Manual of Procedures to include additional sections and guidelines on the PPMD, the TBDC, the fixed-dose combination regimen, and health promotion and advocacy. Technical discussions and consultative processes related to updating and revision of the CUP and NTP Manual of Procedures were held in the last quarter of Year 2. The project assisted the DOH in technical editing and layout of the document. The project will be responsible for printing the initial 1,000 copies, which are to be distributed on World TB Day in March 2005.

Covenant with Rotary Philippines. Philippine TIPS collaborated with Rotary Philippines in the last quarter of Year 2 to launch Rotary's "STOP TB 2005" project. A MOA was signed between Philippine TIPS and the Makati and Quezon City Districts of Rotary Philippines in September 2004. The agreement stipulates that the Rotary Clubs of each district will mobilize to generate public awareness on TB DOTS, refer TB suspects to DOTS centers for proper diagnosis and treatment, and assist in monitoring and ensuring adherence to treatment by those enrolled in DOTS. Philippine TIPS will provide technical and material support to the Rotary Districts in the form of training, materials, and facilitating access to certified DOTS centers by TB suspects and/or cases identified during the community mobilization activities of the various Rotary Clubs.

A directory of certified DOTS centers prepared by Philippine TIPS was distributed to the Quezon City and Makati Districts of Rotary Philippines as reference. To date, the Makati District has mobilized 30 Rotary Clubs located in Parañaque, Makati, Muntinlupa, Taguig, and one club in Tarlac Province for its "STOP TB 2005" program. As of December 2004, 728 adults positive for pulmonary TB have been detected. Of these, 168 are undergoing DOTS treatment in government health centers. Within a 3-month period, Rotary raised an initial PhP1-M to fund the project. In District 3830, which spearheaded the project, the infrastructure is already in place, with 40 well-defined locations. Each location has a chairperson and matching DOTS center.

Policy Advocacy and Private Sector TB Summit. The Scope of Work for Policy Advocacy efforts was prepared and approved during the quarter. The policy agenda prepared during Year 1 of the project will be reviewed and updated. Activities will be classified, refined, and prioritized through a series of roundtable and focus group discussions culminating in a TB Summit in August to be recommended as part of the activities during the PhilCAT convention. The policy review will be guided and informed by the current state of health policy and financing, particularly with reference to the Health Sector Reform Agenda, the NTP, and the Global Plan to Stop Tuberculosis.

Targets for the next quarter are:

- PDF design and mechanism prepared for pilot testing
- Policy review/refinement to align TB policy with the Health Sector Reform Agenda
- Covenants with PCR, PAMET, PSP, and NRL groups for DOTS quality assurance
- Continuing work to promote TB patient rights and TB in the workplace program

- Monitoring Rotary Club Stop TB accomplishments and need for technical assistance

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

Task 2: Operations Research¹

Objective: To advance private sector DOTS model development with reliable, evidence-based information, to identify and provide solutions to key management and operational obstacles and to enhance program effectiveness.

Targets:

- Conduct Pharmacy DOTS Initiative (PDI) Evaluation in seven sites, through review of monthly monitoring reports and PDI Mystery Shopper Study
- Conduct a feasibility study of the Single Practice Network (SPN)
- Finalize priority of small OR studies to be undertaken
- Evaluate informal workplace models, monitor existing models and their documentation

Major accomplishments:

- Completion of PDI Mystery Shopper Workshop and PDI Mystery Shopper Study
- Completion of SPN Feasibility Study and presentation to USAID
- Urban and rural informal workplace models evaluated
- Finalization of priority OR studies by the OR Working Group

Pharmacy DOTS Initiative (PDI)

In Q9, the PDI Mystery Shopping Study was conducted to assess the achievements of the PDI across all seven sites in relation to critical outcome indicators. In this study, performance of 10 randomly selected local PDI pharmacies was weighed against 10 non-affiliate pharmacies based on size of business (national chain or retail pharmacy), manpower, location, and estimated customer traffic. The non-PDI pharmacies served as the control group to the PDI pharmacies' observed or experimental group. Each of the pharmacies was subjected to two scenarios played by the mystery shopper: TB symptomatic with prescription and TB symptomatic without prescription.

Results of this study showed significant differences in performances of PDI-trained pharmacies relative to observations of TB dispensing practices of non-PDI pharmacies. Concerning adherence to the "No prescription, no anti-TB drugs" policy, results reveal that of the 70 PDI drugstores subjected to a no-prescription scenario, a significant majority (87%) refused to sell anti-TB drugs. In comparison, only 35% of non-PDI pharmacies refused to dispense drugs to

¹ The discussion of activities under Task 2 and Task 3 follows the rationalization and restructuring done for the Year 2 work plan. Task 2 now covers OR and new DOTS model development and Task 3 focuses on the enhancement of existing DOTS models.

shoppers, in the absence of a prescription. The study also showed that 62% of PDI pharmacies conducted pre-screening (eliciting information from TB-related clients in order to determine the pharmacy and the client's best course of action) of the mystery shoppers; in contrast, 85% of non-PDI pharmacies were remiss in this regard.

Concerning information giving, 56% of observed PDI pharmacies provided TB information to clients, whereas, merely 6% of the non-PDI pharmacies shared TB information with the mystery shoppers. However, despite provision of TB IEC materials to the PDI pharmacies, the study showed that only 30% were distributing these materials to TB clients. For referrals, PDI pharmacy staff advised that 31% of 140 mystery shopping transactions be referred to DOTS units. Only 1% of the 140 mystery shoppers served by non-PDI pharmacies were referred to DOTS units.

With regard to adherence monitoring, none of the non-PDI pharmacies offered adherence monitoring. Among PDI pharmacies, 15% of those that dispensed to patients also offered adherence monitoring. On record-keeping, 41% of the PDI pharmacies were observed keeping records of TB-related transactions; 2% of non-PDI pharmacies recorded TB-related transactions with the mystery shoppers. Finally, 95% of PDI pharmacies provided customer care to mystery shoppers; 89% of non-PDI pharmacies performed the same task.

Data from internal project performance monitoring, which are collated from the pilot sites and analyzed at the Philippine TIPS office, show significant contributions to the number of referrals to the DOTS units. TB symptomatics totaling 3,346 were served and recorded by the PDI drugstores. Monitoring data showed a total of 1,348 (40%) PDI clients were referred to DOTS units in five months of implementation across all seven sites. A third of these, 37% (498), accessed the DOTS clinics, with 24% accessing private sector and 76% accessing public sector DOTS clinics. One hundred forty seven (30%) were diagnosed as TB cases, of which 51% (75) were sputum positive. All 147 clients were enrolled in the DOTS clinics.

Single Practice Physician Network (SPN) Model

A feasibility study for the SPN was conducted on October 2004 to identify sites with the operational and financial viability for pilot model implementation. Two cities were identified: Iligan and Dumaguete. After a presentation of the study to USAID, implementation of the SPN model in the pilot sites was scheduled to begin in January 2005.

DOTS in the Workforce

Outcome Evaluation of the Informal Workforce Pilots. Philippine TIPS partner, Philippine Business for Social Progress (PBSP), developed two models that harnessed participation of community-based organizations (FEDNACOR and KAGABAY) and business corporations (Central Azucarera Don Pedro Inc. or CADPI/Roxas Gargollo Foundation and Aboitiz Transport Services Corporation-Aboitiz Foundation). Corporate contributions included cash support, infrastructure/furnishings support, and program and technical assistance. Public sector support for the models proved critical in implementation.

Using the evaluation framework jointly developed by PBSP and Philippine TIPS, the Informal Workforce Pilots were evaluated in two levels: one by a PBSP-commissioned evaluator and the other through a validation by the Philippine TIPS team. Boxes 3 and 4 show the outcomes of the pilots to date:

BOX 3

Rural Pilot Site: Six Barangays in Nasugbu, Batangas
Project Duration (from 1st Patient Registered): Eight Months

Indicators	Prior Year 2003	Pilot implementation April-Dec. 2004	% Increase
TB SYMPTOMATICS REFERRED FOR SPUTUM EXAM	68	158	132%
New smear (+) cases	13	31	138%
New smear (-) X-ray (+) cases	4	19	375%
<u>Status of treatment:</u>			
Under DOT		39	
Cured		8	
Treatment Completed		3	

BOX 4

Urban Pilot Site: Barangay 20, Parola, Tondo
Project Duration (from 1st Patient Registered): Five Months

Indicators	Prior Year 2003	Pilot Implementation July-Dec. 2004	% Increase (decrease)
TB SYMPTOMATICS REFERRED FOR SPUTUM EXAM	61	137	125%
New smear (+) cases	10	19	90%
New smear (-) X-ray (+) cases	5	12	140%
Cat. II	2	4	100%
Cat III	5	12	140%
Total TB cases in pilot site(s)	23	47	104%
<u>Status of treatment:</u>			
Under DOT		44	
Default, Transferred out, died		3	
Cured		In progress	
Treatment Completed		In progress	

Formal Workplace Models. The referral workplace pilot model at American Standard continues to refer to Las Piñas District Hospital (LPDH). Of the 34 private referrals to LPDH, nine are from

American Standard accounting for one-fourth or 26% of the total. This demonstrates the potential impact of a strengthened private-public referral system.

The stand-alone workplace model piloted by CADPI continues to provide DOTS services to its employees and dependents. Quality assurance of the CADPI DOTS facility is now under the Batangas Provincial Health Office.

Toyota Motor Philippines' Workplace-HMO-Referral model was formalized through a MOA among the following partners: (a) President of Toyota Motor, (b) Local Chief Executive (City Mayor) of Sta. Rosa, (c) DOH/CHD4A/Laguna Provincial Health Office Regional Director, and (d) PBSP. With this MOA, the Toyota DOT facility now has formal access to designated microscopy centers and is ensured of NTP supplies for TB case management. TMPC continues to communicate with its HMO provider (Medicard Philippines) to encourage Medicard to become DOTS accredited. Medicard has drafted its corporate TB policy and a number of physicians have completed basic NTP DOTS provider training.

American Standard, Toyota, and Aboitiz have been invited to participate in Regional Coordinating Committee (RCC) meetings of the Center for Health Development.

Replication. Formal workplace and informal workforce replications are at various stages of implementation. Models will be replicated in selected sites in Luzon, Visayas, and Mindanao.

DOLE Philippines-Stanfilco is implementing the DOTS in the workplace/workforce program. A corporate TB policy has been approved, which mandates implementation of the DOTS program for its head office in Belisario and nine zones in three regions in Mindanao.

- In partnership with the regional health offices, PBSP trained DOTS implementers in DOTS program management and TB education. DOLE's TB Program Management Committee is conducting consultation/coordination meetings with the RHUs of the different zones. Next steps include DOTS Provider Training for physicians from zones with health facilities, to be conducted in January 2005. This is in preparation for the planned DOTS Center accreditation for selected DOLE health units.
- Central Azucarera de la Carlota was trained to implement DOTS. Its corporate TB policy has been drafted for signature of top management. The DOTS program is also linked to the Bacolod City Health Office.
- GST Philippines has been replicating the workplace-referral model since May 2004. It has referred one new smear + case (employee) to the San Joaquin DOTS Center. GST's referral is the first referral from the private sector to San Joaquin.
- Medicard Philippines has developed a draft of its corporate TB policy. Physicians have attended the DOTS Provider Training. Medicard medical technicians will attend the Basic Sputum Microscopy training organized by PTSI.
- The following Cebu-based replicants have attended capacity-building training and the majority has drafted their corporate TB policies: DMC Busa, Cebu Private Power Corporation,

Lexmark International, Fairchild Semi-Conductors, Pacific Traders Manufacturing Corporation, and East-Asia Utilities.

- PBSP referred its TB case to the De La Salle University DOTS Center. The referral system is fully operational and backed by an approved corporate policy.

BOX 5

Summary of Outputs (as of December 2004)

Output	Total	Breakdown
No. of DOTS-trained company physicians	17	CADPI 1, ASI 1, TMP 1, Medicard 6, DOLE 5, CACI 2, Aboitiz 1
No. of companies with TB policies supportive of the NTP	12	CADPI, ASI, TMP, DOLE, GST, PBSP (approved) Medicard, Cebu PP, Pacific, Traders East Asia, Fairchild, CACI (draft)
No. of PPM MOA signed	5	CADPI, RGF, ASI, TMP, GST
No. of formal workplace TB cases	22	CADPI (11), ASI (9 referred), Toyota (0), GST (1 referred), PBSP (1 referred)
No. of informal workforce TB cases	102	7 pilot barangays (97 cases) DOLE (5 referred)

Priority OR Studies

The OR working group successfully identified and prioritized the following OR topics to strengthen the DOTS PPMD program:

- Measures to enhance family-based DOTS
- Comparative study of different mechanisms for implementing DOTS
- Referral practices of physicians and determinants of referral outcome
- Comparative analysis of alternative TB diagnostic committee arrangements
- Assessment of pilot protocol on self-administered treatment in PPM DOTS (from PDI referrals)

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

Task 3: DOTS Model Development

Objective: To complete the enhancement plan and replication guidelines of the four existing DOTS models

Targets:

- Draft of Framework for Replication for Private-Public Mix Units finalized
- Conduct of Center of Excellence Study Tour on three U.S. models
- CoE site report finalized

Major accomplishments:

- Consolidation of inputs for the Framework for Replication for PPMD Units
- Completion of analysis of PDI Mystery Shopper Study and Performance Monitoring
- Completion of desk review for the TB Center of Excellence
- Conduct CoE study tour in the United States and draft CoE Site Report

Centers of Excellence (CoE)

Initial plans to explore the development of centers of excellence (CoE) for TB in the country began with a desk audit of local and international TB and related CoE experiences. The desk audit was followed by a study tour in the United States by a team from Philippine TIPS. The purpose of the study tour was to acquire information on the operation and structure of existing CoE on TB, namely, the Francis J. Curry National TB Center in San Francisco, California; New Jersey Medical School National TB Center in Newark; and the Charles Felton Model TB Center in Harlem Hospital, New York City. Lessons learned and best practices observed from the study tour were compiled in the CoE Site Report.

Replication Framework for PPMD Units

Working from the results of first and second situation analyses on the four DOTS clinics (Manila Doctors Hospital, PhilamCare, De La Salle University DOTS clinics, and FriendlyCare Foundation DOTS-Cubao), a replication framework for PPMD units was drafted. The replication framework will be available for internal use within the next quarter.

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

Task 4: DOTS Model Replication

Objective: To implement through a grant program the replication/expansion of at least 20 DOTS units in strategic sites nationwide

Targets:

- Award 22 grants to DOTS Center implementers in 22 sites listed in Box 6 below.

Major accomplishments:

- Continued technical assistance to Regional Coordinating Committees for PPMD for organizational meetings, certification, and quarterly monitoring visits of grantees
- Continued operations of 20 DOTS center grantees
- Conducted regular monitoring and supervisory visits to 20 PPMD Grantees
- Assumed project technical supervision for operations of formal DOTS in the Workplace initiatives
- Commenced coordinating with 3 CDC DOTS models for possible technical and financial assistance
- Provided technical assistance to: PhilCAT certification and PHIC accreditation of 20 PPMD grantees, DOTS establishment of MTBEAs, Philippine TB Control Course

Operation of 20 PPMD Units

A meeting was held September 1-2, 2004 to establish Regional Coordinating Committees (RCC) for Philippine TIPS grant sites where no such body was previously operating. This was in compliance with a DOH directive requiring creation of such a committee. The committee's purpose is to coordinate and facilitate Private-Public Mix DOTS activities in the various regions, particularly in certification and monitoring of DOTS facilities, provide drug and laboratory supplies, record and report, and conduct advocacy campaigns. Participants included World Health Organization country representatives, DOTS administrators and physicians from the grant sites, representatives from PhilCAT, PHIC, DOH-Infectious Disease Office, and regional and city health officers, including NTP coordinators. Members of previously established RCCs and Philippine TIPS grantees in their sites also joined the meeting. Philippine TIPS committed support for two to three organizational meetings for newly established RCCs and quarterly monitoring of Philippine TIPS grantees.

BOX 6**PPMD Involvement in RCCs**

Region	RCC Status	Grantees involved	City	RCC Assessed	PhilCAT Certified	PHIC Accredited
I	N	Dr. Antonio A. Ranada Clinic and Hospital; Dr. Vivencio Villaflo Sr. Medical Foundation	Laoag City Dagupan City	Yes Yes	No Yes	No No
III	N	Angeles University Foundation Medical Center; Premiere General Hospital of Nueva Ecija, Inc.	Angeles City Cabanatuan City	Yes Yes	No Yes	No No
NCR	N	Pulmonary Research Foundation of the Philippines, Inc.; Canossa Health and Social Center; Philippine Tuberculosis Society, Inc.	Manila Manila Quezon City	No* Yes Yes	Yes* Yes Yes	Yes* No Yes
IV	N	St. Dominic's Medical Center Samahan ng Batanguenong Diabetiko, Inc.; Agape rural Program	Bacoor Batangas City Puerto Prince-sa	No Yes Yes	No No Yes	No No No
V	N	South Star Drug, Inc.	Naga City	Yes	Yes	No
VI	E	St. Anthony College Hospital Citizens (Iloilo) Coalition Against Tuberculosis, Inc	Roxas City Iloilo City	No Yes	No Yes	No No
VII	N	Cebu TB Pavilion	Cebu City	Yes	No	No
VIII	N	CareMeds, Inc.; Remedios Trinidad Romualdez Medical Center	Tacloban City Tacloban City	No Yes	No No	No No
IX	N	Zamboanga City Medical Society	Zamboanga City	Yes	Yes	No
XI	E	Peoples Adoption to Health Systems Health Maintenance Research Group	Davao City Davao City	Yes Yes	Yes Yes	No No
XII	N	Cotabato Doctors Clinic	Cotabato City	Yes	No	No

N = new E= existing

**Note: Assessed and certified by PhilCAT, and accredited by PHIC before the grant period.*

Most RCCS held organizational meetings in the succeeding months. Some of the meetings doubled as advocacy campaigns for stakeholders within their respective regions. Members were recruited and officers elected. Formation of local anti-TB coalitions were pursued during these meetings.

Sixteen Philippine TIPS PPMD units were assessed by their respective RCC certifying teams during the last quarter of 2004. Of these, five have been recently certified — bringing the total to 11 certified out of the 20 sites. Only two PPMD units have been accredited by PHIC.

Drug supplies are currently sourced from their respective CHD or city health office, though a shortage of streptomycin and ethambutol for Category II cases has been reported. The HMRG

PPMD unit of Davao also reported a shortage of Regimen I resulting in some patients waiting to start treatment.

A combined total of 1,874 TB suspects have been seen in the 20 PPMD units, of which 40% (779) were referred by doctors — 85% from certified DOTS referring physicians, and a fifth (405) were walk-in cases. Other sources of referrals included the pharmacy DOTS initiatives in six sites (29), current or ex-patients (87), treatment partners (16), community leaders (7), barangay health workers (47), missionaries (8), city jail (20), and NGOs (3). More than a quarter (499) have been enrolled in the DOTS program — 288 new smear-positive cases, 139 new smear-negative cases, 46 re-treatment smear-positive cases, 12 re-treatment smear-negative cases, and 15 extra-pulmonary TB cases. Sixteen out of 20 (80%) PPMD units had approximately 95% to 100% 3-sputum collection rate with a positivity rate of 15%. An overall case notification rate of 9.13 per 100,000 population was noted among the combined target population within the grantees' catchment areas. Case detection rate was computed at 6.32%.

Some sites included cases outside of their original catchment areas as word got around about the DOTS services available in these units. This was particularly true for Dr. Vicencio Villaflor Sr. Medical Foundation in Dagupan — with an additional 56 cases enrolled from the additional seven surrounding municipalities included in their catchment area, and Cabanatuan — with additional five cases.

Most of the enrolled patients are still completing their treatment and treatment outcomes are not yet available. However, a sputum-conversion rate of 85% has been noted among new smear-positive cases that have finished the intensive phase. Grantees regularly submitted NTP quarterly reports to their local CHD or CHO.

Thirteen of the sites complied with the required 20% target patient enrollment within the first six months of the grant period. In fact, seven sites have already reached approximately 50% of their target and three sites have exceeded targets, with Canossa Health and Social Center surpassing its target patient enrollment by 140%.

Of the last three PPMD units cited, Angeles University Foundation Medical Center (AUFMC) reached 112.5% of its target enrollment although 86% (39) was smear-negative. Though the cases were certified as active by the local TB Diagnostic Committee (TBDC), a laxity in criteria was suspected due to the overwhelming proportion of smear-negative cases. This was not observed in the other sites. AUFMC also surpassed its target number (30) of certified DOTS referring physicians by 11.

Cebu TB Pavillion reached 150% of its target enrollment, attributed primarily to their long experience as a TB unit and reference laboratory. Only 17 of the 156 TB symptomatics seen in this unit were actually referred by physicians, despite a good number of Cebu physicians who have already undergone basic DOTS training offered by other groups. Only five doctors were certified through the grantee's efforts. Of the nine referring doctors, only two were certified. Strong opposition to DOTS was noted among Cebu physicians even prior to the grant announcement, and the grantee's difficulty to attract referrals supports this finding. This is the only site not able to reach 20% of its targeted DOTS-certified referring physicians. The housing

of the PPMD unit in the old PTSI building surrounded by squatters' shanties was also identified as a limiting factor for doctors to refer their private patients.

A combined total of 598 DOTS-certified physicians, 88% of the combined target (676), were trained in the 20 sites and 234 doctors actually referred cases.

Three TB Diagnostic Committee (TBDC) training workshops were held for 20 grantees and included participation from other private groups and the public sector in some areas. This activity was pursued to enable the PPMD units to cater to smear-negative cases in keeping with DOH directives. A total of 66 new TBDC committees were formed. At present, approximately 218 cases from the Philippine TIPS PPMD units were referred to these TBDCs and over half (123) were certified as active cases and recommended for treatment.

All sites are preparing for the project's mid-year evaluation and best practices workshop scheduled for the end of January 2005. They are expected to draft proposed plans, including target marketing, for the rest of the grant period, at this workshop. The scheduled business planning and financial management training originally scheduled for this quarter has been delayed to mid-February 2005.

Coordination with three CDC DOTS Models

Results from a situational analysis were used to identify strategies for the technical take-over of the three CDC-assisted DOTS models (PhilamCare, Manila Doctors Hospital, De la Salle University Dasmariñas HSC DOTS Centers). Work plans for each model were prepared and discussed through individual and group consultations. A catch-up plan was recommended to identify activities needed to accomplish targets specific to the HMO model, hospital-based model, and coalition-based model. Consultation with top management will be facilitated to ensure sustainability of DOTS services and operation.

Other Technical Assistance

The Philippine TB Course Training for Program Managers, the first of its kind in the country, provided capability to the four DOTS Technical Specialists in TB Program Management through a one-week participation in the didactic phase. In this training, the project extended technical assistance to the Project Proposal and Action Planning sessions. Other crosscutting technical assistance also was extended in the preparation and installation of Cebu Institute of Medicine's MTBEA DOTS Unit.

Regular Monitoring and Supervisory Visits

The project directly monitored PPMD units, utilizing the project's Monitoring Tool to score and evaluate the units' progress. Records and reports were cross-checked and reviewed; targets were computed and analyzed to provide basis for feedback and recommendations to improve delivery of basic DOTS services. Parallel technical supervision of the formal workplace and informal workforce was strengthened with the engagement of an additional DOTS Technical Specialist.

Targets for the next quarter are:

- Implementation of the DOTS units and provision of technical assistance to ensure achievement of an 85 % success rate
- Regular monitoring and evaluation and submission of progress reports
- Technical and financial take-over of the three CDC assisted DOTS Models and one Workplace Model
- Mid-year consultation and assessment of 20 PPMD Units
- Business and financial management training for PPMD units
- Technical preparation to the planned extension and expansion of PPMD grant sites.

Deliverable F: Teaching and training of TB DOTS conducted in medical professional schools and behavior change campaigns implemented to improve the health-treatment behavior of private providers

Task 5A: Training

Objective: To promote DOTS in pre- and in-service training of private physicians and other providers.

Targets:

- Evaluate integration of DOTS syllabus into medical school curriculum schools
- Award of Master TB Educator Award 2 (MTBEA2) to seven more schools
- Prepare training modules and conduct trainings for TB Diagnostic Committees
- Assist professional societies to conduct DOTS training

Major accomplishments:

- Enhanced the training module for newly formed TB diagnostic committees and conducted trainings for Northern Luzon, Visayas, and Mindanao diagnostic committees
- Drafted Scope of Work for assistance to allied health professional schools
- Provided technical assistance to MTBEA2 recipients on program implementation

Master TB Educator Award (MTBEA)

To ensure smooth implementation of the MTBEA, administrative assistance was provided to the medical schools. The MTBEA implementers and accountants were oriented on the grants process including reporting requirements, such as financial reports. Equipment, such as computers, printers, projectors, and digital cameras, was turned over to the medical schools.

Technical assistance, especially in conducting training, also was extended to the medical schools. The MTBEA2 grant requires recipient schools to conduct basic DOTS training among faculty. Angeles University, Cebu Institute of Medicine, St. Louis University, and University of the East Ramon Magsaysay Medical Center have already conducted basic DOTS training. A list of resource speakers was provided to the medical schools and the project coordinated with PhilCAT

in accrediting the Basic DOTS Training. Cebu Institute of Medicine also requested that their faculty receive training to become Basic DOTS Workshop lecturers. In response, the project organized a training of trainers course in October 2004.

DOTS Syllabus Integration in the medical curriculum

St. Luke's College of Medicine, an APMC-member school, requested Philippine TIPS to conduct a seminar for its faculty members on instructional materials and other DOTS learning resources. In December 2004, more than 20 faculty members and heads of department participated in the TB DOTS Curriculum Seminar. Lectures included an overview of the DOTS curriculum and insights and lessons learned from the first round of MTBEA. The project also underscored the pivotal role of medical schools, not only in medical expertise building but also in the development of the social consciousness of future physicians. In response to the challenge posed by the Senior TB Adviser, the faculty of St. Luke's College of Medicine committed to train physicians in the school's communities.

Training TB Diagnostic Committees

Following pilot testing of the diagnostic committee module, the core module was revised to suit recently conceptualized or formed TBDCs. This was needed since majority of the TBDCs are in early stages of development.

The training modules consist of didactics and lectures on core concepts, policies, and support systems for TB Diagnostic committees, principles on smear-negative case approaches, and standardization of radiographic terms. Workshop sessions covered the following: norming; orientation to forms; streamlining of operations and referral flow; Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis; and, sample case studies.

Roll-out sessions were conducted in Pampanga, Manila, Cebu City, and Davao City in October 2004. Forty-six diagnostic committees of Philippine TIPS-initiated DOTS centers and government-initiated TBDCs participated.

With the diagnostic committees in place and capacity building already provided, the project envisions that basic policies can be easily operationalized. Approaches to cases will be rationalized as they are well-founded on key concepts, and norms can be established or revised within each local TBDC. Regular monitoring of the committees' operation and accomplishments will ensure quality outputs.

National TB Control Program Training

The Philippine Tuberculosis Society Incorporated (PTSI), a leading NGO on TB control, approached the project and proposed to develop and conduct a course for TB program managers. This training course would be intended as a comprehensive training of important aspects of TB control for current or potential TB program workers and managers from the DOH, local government units, NGOs, and the private sector.

In October 2004, the course design and instructional materials were drafted and further enhanced by PTSI. The training module was presented to the experts panel from the DOH, PhilCAT, and PTSI for review. The panel found the sessions satisfactory. To further improve the course, the following revisions were made:

- Decrease the topics on the biomedical aspects of TB because participants were not limited to clinicians.
- Decrease the number of days for microscopy and radiology.
- Include infection control as a session.
- Emphasize the socio-cultural aspect of the disease by incorporating this in early lectures.
- Add more management topics, especially human resource management.

The recommended revisions of the experts' panel were incorporated in the final course design. The lecturers were oriented on the framework of the training course and copies of the training modules and PowerPoint™ slides were given. Facilitators for the small group discussion also were given guidelines on their respective sessions.

The course was offered in November and December 2004 and was attended by almost 20 TB program managers and clinicians. A weekly evaluation of the training course was conducted, wherein the participants rated the course as excellent. The objectives were met; the topics were deemed relevant, and resource persons were appreciated for their expertise and input.

Targets for the next quarter are:

- Mid-year mentoring and technical assistance support to MTBEA2 grantees.
- Implementation of twinning program of medical schools.
- Technical Assistance to APMC.
- Assisting with conducting TB and DOTS training programs for allied health professionals.
- Preparing DOTS syllabus for allied medical courses.

Task 5B: Certification

Objective: Implement a certification system for DOTS service to ensure adequate and quality service provision.

Targets:

- Evaluate and improve the certification system
- Assist in developing capacity of regional certifiers by conducting appropriate training and development of manuals

Major accomplishments:

- Gathered data and interviewed key stakeholders for development of Certification Manual for DOTS Center Applicants
- Provided continuing technical assistance to PHIC and DOH NTP/Sentrong Sigla

The certification system is a requirement of PHIC to enable it to accredit DOTS providers, making them eligible for the TB outpatient benefit package. PHIC will provide PhP4,000 per case to certified DOTS centers.

Manual for DOTS Center applicants

Ever since the project conducted two certification workshops in March 2004 in selected regions to fast track the application of DOTS centers, the project has been receiving numerous invitations to conduct workshops. To meet this demand, the project developed a manual that will enable DOTS centers to understand certification standards and complete self-assessment checklists. Key informant interviews with major stakeholders, such as the DOH and PhilCAT, were conducted. The manual will be field-tested and reviewed by a pool of experts by January 2005. The final manual is expected to be disseminated by February.

Technical Assistance to PHIC and DOH NTP/ Sentrong Sigla

There were continuous discussions with DOH to address problems encountered by Philippine TIPS-initiated DOTS Centers in certification. As of December, most of the Philippine TIPS-initiated DOTS centers have been visited by the Certification surveyors and 11 out of 20 have been certified.

Targets for the next quarter are:

- Conduct training of trainers on how to conduct certification workshops.
- Provide technical assistance to PHIC and the DOH NTP/Sentrong Sigla.
- Conduct a workshop on the user's manual.

Task 5C: Communications

Objective: Promote the DOTS strategy to private providers; provide public relations and networking support to all project tasks and establish mechanisms to support communication needs of the project.

Targets:

- Finalize and implement Integrated Communication Strategy (ICS)
- Continue support for project communications, advocacy, and communications requirements of other tasks.

Major accomplishments:

- Conducted an ICS Forum for major stakeholders and partners to broaden and enhance multi-agency ownership
- Applied ICS process and framework for TA to the communications, social marketing, and health promotions strategies of PhilCAT and DOH
- Developed preliminary communications agenda for proposed Center of Excellence
- Incorporated new USAID branding policy in project communications
- Engaged in or assisted project communication activities
- Provided opportunities for news media visibility of project activities
- Provided communications support to other tasks and partners

Integrated Communications Strategy (ICS)

ICS Forum. The project organized an “ICS Forum” during the quarter to disseminate the Philippine TIPS Integrated Communications Strategy to 24 stakeholders and partners from 19 organizations. The event was an effective means of building ownership of the ICS among participants. The forum emphasized that behavior change communication (BCC) is the key to increasing sustained involvement of private providers in DOTS. The ICS is the roadmap, not just of Philippine TIPS but of its network of stakeholders and partners as well, in creating and sustaining an environment that influences awareness, attitudes, and behavior in favor of DOTS at the individual, community, and national levels.

Applying the ICS as the take-off point for a PhilCAT communications/social marketing strategy. The project provides ongoing technical assistance in development of PhilCAT's communications and social marketing strategy. PhilCAT's strategy seeks to influence drivers of TB DOTS KAP toward increasing numbers of MDs and allied health workers supporting and/or practicing DOTS; to influence the decision-making environment by keeping TB prominent as a public health issue; promote DOTS as the effective, cost-efficient treatment approach to TB; and, provide communications/social marketing support to PhilCAT members. Findings from the project's formative research will be available to inform the PhilCAT strategy.

As part of the technical assistance to PhilCAT's communications and social marketing strategy, the project will help design and construct a PhilCAT web site. The project facilitated a needs-

assessment discussion with PhilCAT Organization Development Committee members to compile a list of features for the proposed Web site. Web site development is scheduled in early 2005.

Applying the ICS as the basis of TA to DOH's health promotions plan for TB. In response to a DOH request, discussions were conducted with the DOH on provision of technical assistance for developing a strategic advocacy/promotions plan for TB, based on the framework in the NTP Manual of Procedures and using the ICS development process as a model. A two-day communications planning workshop, patterned after the ICS workshop, would be organized for mid-2005. As discussed with the DOH, the initial concept for the workshop includes data gathering to establish an audience profile and the communications environment for TB promotion.

USAID guidelines for communication materials and activities. The project incorporated USAID's updated guidelines on the approval process for all communication materials, guidelines for handling news media interviews, and new USAID branding guidelines. New USAID branding guidelines impact on the project's own branding initiatives.

Project Communications

Participation in International Union Against Tuberculosis and Lung Disease Conference, 28 October to 1 November 2004, Paris, France. The Philippine TIPS delegation to this 35th Union World Conference on Lung Health gave a presentation, to an international audience, on project initiatives and accomplishments, including "Private-Public Mix DOTS and Achieving the Millennium Development Goals: The Philippine Experience."

Participation in American Public Health Association 132nd Annual Meeting, Washington DC, 6-10 November. The official Philippine TIPS delegation to this conference participated in a wide variety of presentations and presented two project papers: "Tuberculosis in the Philippine Workforce — A Rapid Appraisal" and "Toward a Certifying System for TB DOTS Service Providers in the Philippines."

Participation in National Forum on Media and Governance, 9 December, Asian Institute of Management, Makati City. The project participated in a workshop organized by the Center for Community Journalism and Development. The workshop provided an excellent forum to promote the importance of accurate, persuasive TB reporting and to establish contacts for improving the TB reporting skills of news media practitioners.

Project visibility in the media. During the quarter, the project was featured or referenced significantly in a number of news stories. The major ones include the following:

- "Rotary Philippines launches 'stop TB' campaign." In *Manila Bulletin*, 18 October 2004.
- "Gov't-private sector ties essential in fight against TB," by Charles Buban. In *Philippine Daily Inquirer*, 6 November 2004.
- "Steering clear of TB," by Veronica C. Uy. Sidebar in article, "The Cough that Won't Quit," *Good Housekeeping Philippines*, November 2004.
- "TB Still on Top," by Danilo Tumbaga Jr. In *Health Care Magazine*, October-December 2004.

Communications Support to Other Tasks/Partners

TB in the workforce. The project continues to provide assistance to PBSP in development of workforce advocacy and documentation materials, particularly video.

Medical Professional Societies' Action Planning Workshop, 21-23 October 2004. Philippine TIPS provided publicity assistance to this workshop, including preparing a briefing sheet for reporters and coordinating a short news conference with the DOH Center for Health Development Region VII Office.

Participation in promoting the 2003 NDHS findings. Philippine TIPS was invited by the National Statistics Office to be a permanent member of the Steering Committee for the "Further Dissemination and Utilization of the 2003 National Demographic and Health (NDHS) Survey Results."

Philippine TIPS has been assigned to the Sub-Committee on HIV, AIDS, TB, and other Health Issues. Specifically, the project is tasked with helping to craft and disseminate key messages based on the 2003 NDHS findings on tuberculosis.

Philippine TIPS has been asked to participate in national and local government seminars for policymakers, multi-sectoral forums for specialized audiences, and information dissemination initiatives targeted at doctors. The project also has been requested to help with development of content for information packets on TB, which will be distributed to national and local legislators and legislative staff members.

Targets for the next quarter are:

- Strengthen BCC support in grant areas.
- Continue to apply the ICS process and framework for communications, social marketing, and health promotions strategies of partners, such as PhilCAT and the DOH.
- Develop preliminary communications agenda for proposed Center of Excellence.
- Continue to engage in or assist project communication activities.
- Continue to provide opportunities for news media visibility of project activities.
- Continue to provide communications support to other tasks and partners, including more active publication of project studies, reports, etc.

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

Task 6: Financing

Objective: To develop a financing mechanism that gives incentives to those who provide direct DOTS services and to those who invest in developing and improving the quality of DOTS services.

Targets:

- Completion of the financial analysis and business planning for DOTS clinics
- Assistance to DOTS replicators prepare business and financial plans
- Provision of technical assistance to PHIC to improve the TB benefit package

Major accomplishments:

- Initiated activities to develop guidelines and train PPMD grantees on Business Planning and Financial Management and conducted preliminary fact finding and data/information gathering in a sample of PPMDs in four cities
- Drafted SOW for TB Financing Framework to inform policy makers on the most cost-effective and efficient means of distributing the burden of payment for TB control
- Continuing dialogue and liaison with PHIC to tailor the Philippine TIPS assistance to prioritized needs of the corporation with reference to the implementation of the TB benefits package

Business Planning and Financial Management of TB DOTS Centers

The Scope of Work for the Business Planning and Financial Management of TB DOTS Centers was prepared and approved during the quarter. The project developed the framework and collected field data and information on the TB DOTS centers operation. In January of 2005 the project will draft preliminary guidelines on business planning and financial management of TB DOTS Centers. These guidelines will serve as the second volume of the Replication Guidelines currently being finalized under Task 3. The presentation of the preliminary “guidelines” to stakeholders is scheduled for January 2005; guidelines will be finalized based on feedback from the stakeholders’ workshop. Training design/modules will be developed for training of PPMD grantees in February 2005.

The project visited PPMD centers in Roxas City, Iloilo, Davao, and Metro Manila to interview key officers and staff, collect business and financial data, and review ongoing activities, if any, related to business planning, financial recording and reporting, and financial analysis. Information on current business practices, disbursement policies and procedures, pricing of services, product development, staff development, personnel management, and social marketing were also obtained through key informant interviews.

The draft “Guidelines on Business Planning and Financial Management of PPMD Centers” shall be developed and presented to primary stakeholders in January 2005. A preliminary report will be presented to the Philippine TIPS technical team on January 13, 2005. Comments and feedback from the technical team will guide drafting the guidelines to be presented to prospective users on January 25, 2005. The guidelines will be finalized based on feedback from participants during the presentation on January 25. From this final set of guidelines, a training design and module will be developed for use during the training of PPMD staff and officers to be conducted on March 9-11, 2005 for the first batch in Cebu for the Visayas and Mindanao trainees and on March 16-18, 2005 for the second batch in Tagaytay for the Luzon trainees.

TB Financing Framework

The Scope of Work for the TB Financing Framework was developed and submitted for approval during the quarter. The TB Financing Framework takes off from the burden of disease study conducted in the early months of Philippine TIPS implementation. It is consistent with health care financing reforms articulated in the HSRA of 1999 and will conform with its basic guiding principles and criteria for efficiency (both allocative and technical), equity, and sustainability. The financing framework will further elaborate on the TB Health Accounts earlier attempted by Dr. Capuno, et al., by recommending the most efficient and equitable distribution of the economic burden of disease among the various fund sources, including tax subsidy, user fees, health insurance, corporate contributions, and other public and private sources. The TB Financing Framework will be guided and informed by the NTP and Global Plans to Stop TB, the estimated cost of, and timetable for, achieving their medium-term and long-term targets. Recommendations and outputs of these efforts will be used as inputs to the policy agenda that will be synthesized under the Task 1 on policy advocacy. Part of its medium-term recommendation is a proposal to pilot-test the TB Financing Framework in selected LGU settings, consolidating public and private sources and uses of funds, in association with USAID’s LEAD project and other donor-assisted projects providing funds support for TB DOTS.

Technical assistance to PHIC

Initial technical assistance provided in-house by Philippine TIPS technical staff to PHIC focused on technical support to facilitate certification and accreditation of PPMDs (under Task 5). Philippine TIPS has been in close collaboration with the PHIC Quality Assurance Research and Policy Division Group in development and testing of certification standards, ensuring that they are congruent and compatible with PHIC accreditation requirements, and in the training of certification assessors. Philippine TIPS also responded to a request by PHIC to train selected public sector DOTS providers and PHIC staff on the “how to’s” of self-assessment for certification.

During the quarter, PHIC and Philippine TIPS again collaborated in the internal documentation of the experiences in TB DOTS certification. This was in relation to the preparation of the paper on TB DOTS certification, which Philippine TIPS submitted for presentation in the APHA convention in November 2004. The paper was drafted based on literature review and interview of

key informants, including PHIC's VP for Quality Assurance who also reviewed the draft versions of the paper and provided additional information that enriched the final paper.

Dialogue is ongoing between PHIC and Philippine TIPS concerning assistance to conduct an actuarial study and assessment/review of reimbursement policies and procedures as they impact directly on the long-term financial viability of PPMDs. This is in the pipeline for the next two quarters as a series of support activities for PHIC Support which includes all of the above, plus development of information, education, and communication (IEC) materials on the TB benefit package and reimbursement policies/procedures. It was noted that PHIC is not yet inclined to consider immediate changes in the current TB benefit package that was introduced only in 2003. For this reason, an actuarial study of the TB benefit package is not considered a top priority for PHIC management. Nonetheless, an agreement was reached for Philippine TIPS to pursue the study and to draft its scope of work by next quarter, in consultation with PHIC. The actuarial study was deemed beneficial in informing PHIC management of the responsiveness of the TB benefit package and recommending appropriate policies and programs. It should not, however, be construed to bind PHIC management into automatically revising its current TB benefit package; although, a proposal for such an amendment could be submitted for management consideration.

Support to PHIC could also be expanded to include an assessment and recommendation on the expansion of PHIC membership in order to maximize societal benefits from the social health insurance program. Preliminary information from PPMD centers covered by Task 4 showed that generally only one out of eight enrollees are PHIC members; hence, the potential for cost-recovery from social health insurance proceeds is very limited. The more immediate concerns that Philippine TIPS should consider with respect to PHIC support, therefore, are as follows: a) assistance in fast-tracking the certification and accreditation of PPMD centers to qualify them for reimbursement (to be coordinated with task 5); and b) support to promote expansion of PHIC membership, particularly among the target PPMD enrollees (to be coordinated between Tasks 1, 4, and 5C). It is only when a sufficient number of PPMD centers are certified/accredited and a substantial segment of PPMD clients are PHIC members that the impact of an improved TB benefit package and reimbursement procedure can be fully felt.

Targets for the next quarter are:

- Completion of the business planning and financial management guidelines for PPMD centers, preparation of training modules for TB DOTS replicators, conducting training of PPMD grantees (of Task 4), and initial implementation of BPFM guidelines by PPMD grantees.
- Commencement of the TB Financing Framework activities.
- Submission and approval of the scope of work for PHIC support and commencement of activities.

Project Management

Objective: To maintain and continually improve the physical base, operation and management systems of the project, comply with all contractual requirements, monitor project performance; and support the institutional building of PhilCAT.

Targets:

- Maintain and improve physical base, operation and management systems, including procurement system for consultants, subcontractors, and grantees
- Conduct work planning and team building sessions
- Maintain project monitoring system
- Provide support to institution building of PhilCAT, including completion of an organizational development plan

Major accomplishments:

- PhilCAT subcontract signed by PhilCAT Chair
- Professional Societies action plans presented to PhilCAT board and approved
- Nominations for PhilCAT positions in subcontract determined (Training and Certification manager, Professional Societies team, overall PhilCAT-Philippine TIPS Coordinator)

PhilCAT Institution Building/Organizational Development

By December 2004, Philippine TIPS' technical assistance provided to PhilCAT had accomplished the following, despite constraints placed on the PhilCAT members due to their regular jobs. The different committees and their work until the end of 2004 are as follows:

- Membership Committee — Profiles of members have been updated through a survey; a membership development plan has been drafted and will be presented to the full committee.
- Resource Management Committee — A Resource Generation Plan has been drafted, but has yet to be presented to the full committee by its former chair. Philippine TIPS is currently hiring a firm to support technical assistance for Resource Generation. Assistance will be in place in January of 2005.
- Communications and Marketing Committee — Philippine TIPS is in the process of recruiting a Web site developer for PhilCAT. A Web site is envisioned to be in place by March 2005 (World TB Day).
- Technical Assistance Committee — Operating policies and guidelines for the committee, its organization and defined roles and responsibilities, have been drafted and will be presented to the full committee.

- Governance Committee — The committee approved a modified Strategic Action Plan for PhilCAT, a governance manual, its Constitution and By-Laws, and Organizational chart. The Constitution and By-Laws were subsequently presented to the Board by the chair and were approved.
- Regional Development Coalition Committee — The chair presented a report on current realities, strengths, needs, and lessons of existing coalitions and also a set of guidelines on the creation of regional coalitions, which will be presented to the Board.
- External Partnership Management Committee — The committee presented its output to the Organizational Development Committee: Goals and Objectives, identification of program areas for partnership and partnering procedures. This will be presented to the PhilCAT Board.

In the coming quarter, all committees will complete reports, circulate drafts to a group of advisers (former chairs of PhilCAT), and present to the PhilCAT board by March 2005. Action plans arising from these reports will be implemented from May to October 2005.

Philippine TIPS assistance in the form of two short-term consultants will end in February, 2005; future assistance will be determined through consultations with the PhilCAT Chairperson.

Philippine TIPS' Project Management

The previous quarter was marked by the departure of the project's Deputy Chief of Party, Alma Porciuncula, after an outstanding stint with Philippine TIPS from project development, start-up and more than two years of project implementation. The Chemonics home office provided assistance in the interim by fielding the Project Administrator (Tania Brunn) in Manila. She provided key support for development of several SOWs and starting the work to synchronize Chemonics personnel policies in the Philippines.

Further assistance was provided with the fielding of a management specialist to complete other management tasks, support the hiring of key technical personnel, and complete the draft policies and procedures manual for the project, in coordination with other Chemonics projects (MABS and PRISM).

After discussions with USAID, the Philippine TIPS management proposed hiring an expatriate DCOP, and reassignment of the Training and Certification Adviser to Senior TB Adviser.

USAID has expressed interest in exercising the contract's option year that would extend the project beyond October 2005. The project has discussed possible options and preparations for a fourth project year in its current third year work plan (approved in November 2004). The project will continue to consider an option year in its current work, but will not commit resources until clearance for an extension is provided by the CTO or express approval is provided by USAID.

Two subcontracts are being managed by the project through the COP: PhilCAT, and PBSP. The PhilCAT subcontract work plan was approved by PhilCAT for implementation in December 2004 and will be implemented up to October 2005. The PBSP subcontract will end in March 2005.

Negotiations will be conducted in the current quarter for follow-on work to be conducted by PBSP, as broadly described in Philippine TIPS third year work plan.

SECTION III

Outstanding Issues and Measures Taken or Options to Address the Issues

- Work on the Private Drug Facility will be led by a team of experts who are well-versed in the local situation, advised by a senior international expert. Due to a change in short-term personnel, the feasibility study will be available in the tenth quarter of the project. There are also indications that a private option may have to be considered strongly if the DOH suffers further delays in procurement of GDF drugs or if the government suffers an unmanageable deficit that might result in budget cuts, cuts which usually affect the social sector more severely than others. The pharmaceutical manufacturing sector may become an important stakeholder if these developments (government procurement failure) become a reality.
- Exclusion of smear-negative patients in logistics planning for anti-TB drugs, particularly the asymptomatic cases that the private sector has to deal with in greater numbers, may lead to shortages in the next few years, particularly if utilization increases and DOH continues with its policy of prioritizing symptomatic smear-positive patients in its provision of anti-TB drugs, to the prejudice of private patients who tend to be smear-negative.
- The pilot of the Single Practice Network of TB-Treating Physicians in two sites will proceed in the tenth quarter of the project and will be the source of some lessons to be incorporated in the next round of 15 more private DOTS sites which will be selected in June 2005, barely four or five months into implementation. This will be the final model of private sector DOTS services to be piloted by Philippine TIPS. It is apparent from the feasibility study that this model will most likely succeed in rural and moderately built-up areas rather than urban areas.
- The full implementation of the Pharmacy DOTS Initiative in seven pilot areas will rely heavily on the lessons learned from the last six months of implementation. The roles of partner professional organizations and regulatory agencies and their relationships to providers of DOTS services should be clearly defined in PDI replication guidelines. Alongside saturation of the PDI within the seven pilot sites, initial steps to expand the PDI will also be undertaken on an 'as need' basis in selected PPMD sites (to be identified by Task 4) that are seen to benefit from this initiative.
- Knowledge, Attitude and Practice survey of private practitioners — The study confirms the assumption that three or more out of four TB cases are seen by one of five groups of physicians (general practitioners, family physicians, internists, pulmonologists, and infectious disease specialists). This supports the thrust of the project to work closely with their professional societies, including the occupational medicine and pediatric specialists because of their strategic position. Because of the project's advocacy, PhilCAT promotion and interaction with the PCCP, many of the areas have been impacted by these advocates in the year before the survey; a follow-on survey in 2006 will serve to note the rate of change in physician treatment behavior over the next two years (assuming that USAID approves an option year for TIPS).

- The project will specifically address those areas of weakness in physician knowledge discovered in the survey as well as focus on general practitioners and internists, who seem to show the least support for DOTS. Seminars, workshops and conventions will continue to be the main instruments to convey appropriate messages to private physicians.
- While Philippine TIPS's experience with Regional Coordinating Committees for PPMD has been overwhelmingly positive, the project must continue a dialogue with the respective regional technical units supporting the Sentrong Sigla program as they bring in more private participation into health services certification. Close technical cooperation must be maintained with USAID's LEAD project in this regard.
- The need to involve workplace health services in DOTS and other public health initiatives (FP, AIDS, reproductive health) is clearly indicated in the DOTS provider study on private physicians. The integrated approach by all CAs working with the private sector has the potential of quick adoption by the private business and labor sector of key public health programs.
- This year, recertification of DOTS centers may need attention by PhilCAT, as DOTS centers complete their initial two years of DOTS service delivery.
- The project will accelerate the behavior-change communication interventions within project sites. TA to grantees will primarily be directed at providers although assistance in building center client traffic might need to be considered for some centers with established services and perceived low client demand.

SECTION IV

Status toward Achieving Sustainability of Efforts

The sustainability strategy of the project received a strong boost with implementation of the PhilCAT program of work under their subcontract with the project. Even more significant is that the new leadership of PhilCAT adopted the subcontract. So, the new leadership can make the subcontract responsive to their vision for the organization, particularly in the area of TB advocacy and increased participation by the private physicians in DOTS services.

Crystallization of the project's concept on TB DOTS Centers of Excellence should be brought to consensus among key players in the fourth year of project implementation: the DOH, the health academe, TB DOTS providers, international donor and technical organizations, such as the WHO. It would be crucial for technical sustainability to see the creation of one, possibly several centers of DOTS excellence before the project comes to a close and see them continue to flourish in a post-Philippine TIPS scenario.

Finally, it may be possible to have all Philippine TIPS initiatives in all the various tasks focused on one geographical area such as a large urban area (Quezon City, Cebu or Davao cities, for example). Such focus would result in a local TB control plan fully attuned to national program requirements, yet bringing together all possible stakeholders and resources in a reinvigorated and time-bound program to control TB locally. Once a local area has shown that TB control is achievable, it is highly probable that other LGUs will quickly follow suit.

SECTION V

Planned Performance Objective for the Next Quarter

Year 3	Year 3 1 st Quarter
<ul style="list-style-type: none"> • Establishing baseline data on success rate. Complete the ongoing KAP survey and conduct a similar post intervention survey within the third year if the option year is not exercised 	<ul style="list-style-type: none"> • Complete the ongoing KAP survey
<ul style="list-style-type: none"> • Task 1: Establishing an enabling environment. Implement policy reform agenda on PDF, TB Patient Rights, Quality Assurance, and TB/HSRA operational guidelines 	<ul style="list-style-type: none"> • Pursue the design of the PDF • Complete preparation of the action program of the 6 professional societies to implement the covenant with Philippine TIPS and PhilCAT • Develop action plan for DOLE Department Order on TB in the workplace • Draft covenants with PCCI, PCR, PAMET, PSP • Support production and dissemination of the CUP
<ul style="list-style-type: none"> • Task 2: Pursue the implementation and saturation of the PDI, involving all pharmacies within the seven pilot sites; begin initial activities for expansion of PDI in selected PPMD sites; conduct pilot implementation of the SPN model; and pursue the model development, pilot implementation and replication of DOTS in the workplace model 	<ul style="list-style-type: none"> • Local and national presentation of PDI Evaluation Results • Request extension of PDI to pursue saturation of the model's implementation in all seven sites. • Request extension of PDI to begin initial expansion activities in selected PPMD sites. • Begin pilot implementation of the SPN in two sites • Conduct writeshop to determine necessary small OR studies to be undertaken
<ul style="list-style-type: none"> • Task 3: model development. Develop implementation plan for Philippine TB Center of Excellence 	<ul style="list-style-type: none"> • Finalize the replication guidelines for PPMD units • Develop implementation plan for the development of a Philippine TB Center of Excellence.

Year 3	Year 3 1 st Quarter
<ul style="list-style-type: none"> • Task 4: replication/ expansion of DOTS services in at least 25 units located in strategic sites nationwide. Monitor provide TA to the DOTS Fund Program, continue support to the PhilCAT CDC models, and monitor the work place models 	<ul style="list-style-type: none"> • Monitor implementation of the DOTS Fund Program • Assist in the organization of RCCs • Prepare work plan for the continued assistance to the PhilCAT-CDC assisted DOTS models • Monitor the above models and the work place models
<ul style="list-style-type: none"> • Task 5A and 5B: training and certification. Monitor and mentor MTBEA awardees, assist in the conduct of in-service training programs, design and conduct pilot implementation of the National TB Program managers' training course, prepare DOTS syllabus for allied medical courses; on certification prepare a manual for the self assessment of applicants 	<ul style="list-style-type: none"> • Monitor progress of MTBEA awardees • Assist in the conduct of basic DOTS training, microscopy, TB Diagnostic Committee training, business and financial planning • Assist in the design, training of trainers, conduct of pilot offering, evaluation of the pilot • Start the preparation of the DOTS syllabus for allied medical courses • Draft the manual for self assessment of applicants • Disseminate manual for certification assessors
<ul style="list-style-type: none"> • Task 5C: communications. Concretize ICS and BCC strategy; continue support for project communications and advocacy and to communication requirements of other tasks • 	<ul style="list-style-type: none"> • Strengthen BCC support in grant areas. • Continue to apply the ICS process and framework for TA to the communications, social marketing, and health promotions strategies of partners, such as PhilCAT and the DOH • Develop preliminary communications agenda for proposed Center of Excellence • Incorporation of new USAID branding policy in project communications • Continue to engage in or assist project communication activities, including participation in international and national conferences • Continue to provide opportunities for news media visibility of project activities • Continue to provide communications support to other tasks and partners, including more active publication of project studies, reports, etc.

Year 3	Year 3 1 st Quarter
<ul style="list-style-type: none"> • Task 6: TB services financing. Conduct the business and financial planning study and development of training modules, conduct the DOTS Financing Framework and provide the TA package to PHIC 	<ul style="list-style-type: none"> • Conduct the business and financial planning study and development of training modules
<ul style="list-style-type: none"> • Project Management. Continue assistance to PhilCAT OD, prepare project transition plan to PhilCAT 	<ul style="list-style-type: none"> • Continue assistance to PhilCAT OD • Sign amended subcontract with PhilCAT

ANNEXES

ANNEX A

Performance of DOTS Grantees

Region	City	Site	Catchment Population	TB symptomatics	Lab Register			
					3-sputum exam (%)	(+) Smears	Overall (+) rate	Positivity rate
I	Laoag	DARCH	39,437	55	100%	6	11%	11%
I	Dagupan	VVMF	307,211	56	86%	21	38%	23%
III	Angeles	AUFMC	464,000	113	100%	6	5%	4%
III	Cabanatuan	PGHNEI	246,765	59	100%	11	19%	12%
NCR	Quezon	PTSI QI	124,054	360	93%	46	13%	12%
NCR	Manila	PRFPI-UST	298,294	61	98%	14	23%	15%
NCR	Manila	Canossa H&SC	63,400	52	100%	18	35%	31%
IVA	Cavite	St. Dominic MC	124,432	53	89.80%	15	28%	23%
IVA	Batangas	SAMBADI	123,348	70	99%	15	21%	20%
IVB	Puerto Princesa	Agape Rural Program	45,442	204	89%	17	8%	6%
V	Naga	SSDI	147,652	30	100%	10	33%	30%
VI	Iloilo	CICAT DOTS	151,324	83	96%	16	19%	17%
VI	Roxas	St. Anthony Hospital	130,181	22	100%	9	41%	41%
VII	Cebu	Cebu TB Pavillion	101,141	156	100%	35	22%	22%
VIII	Tacloban	CareMed	102,966	13	100%	3	23%	23%
VIII	Tacloban	RTRMF	56,612	14	100%	2	14%	14%
IX	Zamboanga	ZCMS PPMD	88,000	149	100%	24	16%	15%
XI	Davao	PATHS	256,236	151	95.36%	37	25%	23%
XI	Davao	HMRGFI	171,280	159	99%	39	25%	11%
XII	Cotabato	CDC TB DOTS CTR	100,000	14	100%	6	43%	36%
TOTAL			3,141,775	1874	97%	350	19%	15%

	Target enrolled	Patients enrolled	% Target	Extra PTB	New Smear (+)	New PTB Smear (-)	Old PTB Smear (+)					Old PTB Smear (-)					
							Re-lapses	Trnsfr'd-In	RAD	Failure	Others	Re-lapses	Trnsfr'd-In	RAD	Failure	Others	
DARCH	65	10	15.38	1	6	3	0	0	0	0	0	0	0	0	0	0	0
VVMF	65	26	40.00	0	13	4	2	1	0	2	3	0	0	0	0	0	1
AUFMC	40	45	112.50	0	5	39	1	0		0	0	0	0	0	0	0	0
PGHNEI	100	14	14.00	0	7	3	2	0	2	0	0	0	0	0	0	0	0
PTSI QI	36	57	158.33	0	42	14	1	0	0	0	0	0	0	0	0	0	0
PRFPI-UST	75	17	22.67	3	9	0	3	0	2	0	0	0	0	0	0	0	0
Canossa H&SC	25	35	140.00	2	16	10	1	0	0	0	1	0	0	0	0	0	5
St. Dominic MC	80	20	25.00	0	12	7	1	0	0	0	0	0	0	0	0	0	0
SAMBADI	60	28	46.67	0	14	14	0	0	0	0	0	0	0	0	0	0	0
Agape Rural Program	80	29	36.25	0	12	12	1	0	4	0	0	0	0	0	0	0	0
SSDI	40	10	25.00	0	9	0	1	0	0	0	0	0	0	0	0	0	0
CICAT DOTS	30	21	70.00	1	14	2	1	0	0	0	1	0	0	0	0	0	2
St. Anthony Hospital	30	17	56.67	0	9	6	0	0	0	0	0	0	1	0	0	0	1
Cebu TB Pavillion	30	45	150.00	4	34	6	0	0	0	0	1	0	0	0	0	0	0
CareMeds	65	3	4.62	0	3	0	0	0	0	0	0	0	0	0	0	0	0
RTRMF	35	5	14.29	0	2	3	0	0	0	0	0	0	0	0	0	0	0
ZCMS PPMD	60	29	48.33	0	23	5	0	0	1	0	0	0	0	0	0	0	0
PATHS	62	42	67.74	1	35	4	0	0	2	0	0	0	0	0	0	0	0
HMRGFI	50	38	76.00	3	18	5	5	0	3	1	2	0	0	0	0	0	1
CDC TB DOTS CTR	50	8	16.00	0	5	2	0	0	0	0	1	0	0	0	0	0	0
Total	1078	499	46.29	15	288	139	19	1	14	3	9	0	1	0	0	0	10

Site	Case Notifi- cation (per 100T)	New Smear (+) Sputum Conversion Rate			Treatment Outcome						TBDC	
		Actual	total	%	cured	completed	died	failure	default	trans- out	Cases Referred	Cases Certified
DARCH	15.21	4	4	100%	0	0	0	0	0	0	0	0
VVMF	4.23	9	10	90%	0	0	0	0	0	0	19	5
AUFMC	1.08	1	1	100%	0	0	0	0	0	0	45	13
PGHNEI	2.84	5	5	100%	0	0	0	0	0	0	2	2
PTSI QI	33.86	25	29	86%	0	0	0	0	0	0	40	33
PRFPI-UST	3.02	6	10	60%	0	0	0	0	0	0	7	1
Canossa H&SC	25.24	9	9	100%	0	0	0	0	0	0	24	19
St. Dominic MC	9.64	4	4	100%	0	0	0	0	0	0	11	8
SAMBADI	11.35	7	10	70%	0	0	0	0	0	0	14	13
Agape Rural Program	26.41	8	12	67%	0	0	1	0	2	0	0	0
SSDI	6.10	1	2	50%	0	0	0	0	0	0	0	0
CICAT DOTS	9.25	7	9	78%	0	0	0	0	0	0	11	4
St. Anthony Hospital	6.91	5	5	100%	0	0	0	0	0	0	10	7
Cebu TB Pavillion	33.62	19	20	95%	3	0	0	0	0	2	8	6
CareMeds	2.91	2	2	100%	0	0	0	0	0	0	5	0
RTRMF	3.53	1	2	50%	0	0	0	0	0	0	5	3
ZCMS PPMD	26.14	7	7	100%	0	0	1	0	0	0	3	3
PATHS	13.66	20	21	95%	0	0	0	0	0	0	11	4
HMRGFI	10.51	11	17	65%	0	0	1	1	0	1	47	11
CDC TB DOTS CTR	5.00	3	3	100%	0	0	0	0	0	0	3	2
	9.17	154	182	85%	3	0	3	1	2	3	265	134

Site	Target MD	Certified DOTS MD	% target	Actual Referring MD	Target referrals	Private MD referrals		Public MD referrals		PDI referred	Public HC referred	Walk-in	patient	Tx partner	Community leader	Others
						by certified MD	by non-certified MD	by certified MD	by non-certified MD							
DARCH	30	8	27%	2	360	3	8	6	0	0	0	3	13	13	0	0
VVMF	150	134	89%	26	1800	38	0	14	0	0	0	2	1	0	0	0
AUFMC	30	41	137%	14	65	40	30	1	0	0	0	59	0	0	0	0
PGHNEI	32	15	47%	11	32	58	0	1	0	0	0	0	0	0	0	0
PTSI QI	30	22	73%	0	360	27	0	0	0	10	0	37	20	0	5	0
PRFPI-UST	75	38	51%	16	75			0	0	0	0	35	0	0	0	0
Canossa H&SC	25	25	100%	27	150	46	2	3	1	0	0	0	0	0	0	0
St. Dominic MC	15	15	100%	7	180	22	4	1	1	1	2	35	0	0	0	0
SAMBADI	30	29	97%	16	360	66	2	0	0	0	0	2	0	0	0	0
Agape Rural Program	17	27	159%	18	204	51	0	0	0	0	0	2	3	0	0	33
SSDI	20	30	150%	5	240	29	1	0	0	0	0	0	0	0	0	0
CICAT DOTS	22	24	109%	7	120	53	23	1	0	2	0	3	0	0	0	1
St. Anthony Hospital	30	27	90%	6	150	15	1	1	0	0	0	5	0	0	0	0
Cebu TB Pavillion	30	5	17%	15	360	8	15	1	48	9	48	72	0	0	1	2
CareMeds	30	13	43%	7	360	4	7	0	2	0	2	0	0	0	0	0
RTRMF	20	18	90%	4	240	6	0	0	2	0	2	6	0	0	0	0
ZCMS PPMD	20	38	190%	6	360	16	7	0	0	0	20	95	9	0	0	0
PATHS	20	13	65%	20	240	79	3	2	0	1	0	31	2	0	0	33
HMRGFI	20	66	330%	27	240	66	17	0	0	6	0	5	39	3	1	12
CDC TB DOTS CTR	30	10	33%	0	120	0	1	0	0	0	0	13	0	0	0	0
	676	598	88%	234	6016	627	121	31	54	29	74	405	87	16	7	81

ANNEX B

Framework of the Department of Health's Health Promotion Plan for the National Tuberculosis Program, as incorporated in the NTP Manual of Procedures

(Note: This framework is a new section of the DOH "Manual of Procedures for the NTP". It was developed with technical assistance from Philippine TIPS.)

The National Center for Health Promotion (NCHP) of the Department of Health under its Administrative Order No. 58 created the Health Promotion Policy and Guidelines to serve as guiding principles for the Health Promotion for the National Tuberculosis Control Program. Described below are the following including the strategies:

Five (5) General Action Areas for Health Promotion (Ref: A.O. 58)

1. Building health public policy
2. Creating supportive environment
3. Developing personal skills of the general public
4. Reorienting health services
5. Strengthening community participation

Strategies for Health Promotion

A. Advocacy

1. Main Task — to generate political support in terms of financial, issuances/ordinances, and other related logistical needs.
2. Target audience — politician/influential (e.g., legislators, local government units, donor agencies and groupings such as Project Assistance to Control TB or PACT)

B. Social Mobilization/Community Organizing

1. Main Task — to generate multi-sector support for the National Tuberculosis Program (in terms of health education, advocacy, treatment, etc.) (municipalities with a high level of involvement in community organizations are the ones with a high cure rate – (ref: Community Participation in World Vision Kusog Baga Program Survey Results)
2. Target audience — community groups, civic organizations, religious groups, business, etc.

3. TB Network (“Kakampi Laban sa TB”) — the overarching brand for DOH’s re-energized fight against TB (promoting PPM partnerships²)
 - ii. Create strong brand for NTP
 - iii. Establish human connection between NTP and target audiences
 - iv. Employ visual device that is attractive, relevant and easily understood
4. Include training of RHUs on social mobilization and community organizing
5. Identify/suggest specific roles for the organized TB multi-sector groups.
6. Encourage the involvement of cured TB patients and family members to advocate and educate the community about the disease. (Ref: Community Participation in World Vision Kusog Baga Program Case Studies)

C. Health Education

1. Main Task – to instill among the public the importance of seeking help from identified DOTS facilities/health centers.
2. Target Audiences —
 - a) Clients (Ref: “Managing Tuberculosis at RHU Level”³)
 - i. Motivate/prompt all patients registered under DOTS to continue taking anti-TB drugs for the 6-mo. duration in the presence of their treatment partners
 - ii. Motivate/prompt all persons who have cough of 2 weeks or more to consult with their nearest health center or private health facility with microscopy services for sputum examination
 - Discourage TB self-medication by emphasizing that this is a dangerous practice
 - b) Family/Community/Workplace/Treatment Partners
 - i. Correct misconceptions about TB
 - ii. Improve knowledge about the disease
 - iii. Increase knowledge about prevention
 - iv. Increase knowledge about DOTS
 - c) Service Providers

² PPMD Strategy is the Network of Quality TB-DOTS services, provided by the Public, and in partnership with the Private Sector.

³ Poor treatment compliance is the major finding during the External Program Evaluation in selected regions done by WHO in 1993. The CURE RATE was as low as 41% to 68%. Even today, our cure rate is below the program target of 85%....In a study done in Quezon Province, in 1990, some reasons identified were (1) inadequate knowledge of patients about TB, its cause and its mode of transmission and (2) failure by the health worker to explain the importance of completing therapy and duration of treatment. (ref: “Managing Tuberculosis at RHU Level” Revised WHO Module 2, Administering Treatment, TB Control Service, DOH 2002, p. 33)

- i. Counseling/Improved Patient Interaction (Ref: A.O. 140, 24 February 2004)
 - Emphasize the importance of taking drugs daily, etc.
 - ii. Include values formation and teambuilding activities to deepen commitment. (Ref: Community Participation in World Vision Kusog Baga Program Case Studies)
3. Key messages —
- a) On initiation of treatment
 - i. TB is infectious
 - ii. TB can be cured but requires regular drug intake
 - iii. Results of irregular drug intake
 - iv. Side-effects of anti-TB drugs
 - v. Importance of follow-up sputum smear examinations
 - vi. Importance of family/treatment partner support
 - b) At the treatment unit (BHS and RHU)
 - i. Importance of regular drug intake
 - ii. Results of irregular drug intake
 - iii. Side-effects of anti-TB drugs
 - iv. Necessity of follow-up sputum smear examinations
 - v. Importance of family/treatment partner support

D. Social Marketing

1. Main Task — to improve level of awareness about Tuberculosis & DOTS
 - a) Knowledge on TB (mode of transmission, correcting misconceptions, etc.)
 - b) Knowledge on signs & symptoms
 - c) Knowledge on how to prevent TB transmission
 - d) Decrease social stigma on TB (health education should stress that everybody is vulnerable to TB; most people with TB are no longer contagious after 2-4 weeks of treatment and that, TB is a curable disease.)
 - e) Importance of consulting health center (cough of two weeks or more, go to the nearest health center or private DOTS facility)
 - f) Knowledge and promotion of availability of treatment, facilities, services, drugs in all health centers nationwide

- g) Prompt demand for DOTS services/facilities
 - h) Raise general public interest on TB by highlighting Two National Health Events:
 - i. March 24, World TB Day (Ref.: Dept Circular No. 64-B, 6 March 1997)
 - Proposed communication handle — burden of illness, balanced by gains of the program in terms of TB patients being cured through DOTS
 - ii. August, Lung Month (with a proposal to significantly raise the level of promotion for this month) (Ref. Proclamation No. 1761, 24 July 1978)
 - Proposed communication handle — burden of illness, balanced by gains of the program in terms of TB patients being cured through DOTS
2. Target audience — general public (nationwide)

Below are some of the indicators to be included in the Monitoring, Supervision and Evaluation part of the Manual of Procedures:

1. Number of health promotion plan:
 - a. developed per activity
 - b. implemented
2. Number of IEC materials available
 - a. leaflets
 - b. posters
 - c. pamphlets
 - d. flip charts
 - e. others
3. Number of staff available/assigned
4. Current activities related to health promotion
5. Upcoming activities