

PHILIPPINE TUBERCULOSIS INITIATIVES FOR THE PRIVATE
SECTOR
TENTH QUARTERLY PERFORMANCE REPORT
1 JANUARY - 31 MARCH 2005

Submitted to:
USAID/Philippines

Submitted by:
Chemonics International Inc.
Contract No. 492-C-00-02-00031

TABLE OF CONTENTS

Acronyms	i
Executive Summary	iii
SECTION I Project Description	1
SECTION II Tenth Quarter Accomplishments	3
Baseline data collection and performance monitoring plan	3
Task 1: Enabling environment	4
Task 2: Operations research and DOTS model development	7
Task 3: DOTS model enhancement	10
Task 4: DOTS model replication	12
Task 5A: Training	16
Task 5B: Certification	19
Task 5C: Communication	20
Task 6: Financing	24
PhilCAT Organizational Development and Project Management	26
SECTION III Outstanding Issues and Measurements Taken or Options to Address the Issues	28
SECTION IV Status toward Achieving Sustainability of Efforts	30
SECTION V Next Quarter Targets	31
SECTION VI Financial Summary	34
ANNEX A Performance Monitoring Plan	
ANNEX B PPMD Performance	
ANNEX C PPMD Certification and Accreditation Status	

ACRONYMS

AFB	Acid Fast Bacilli
APMC	Association of Philippine Medical Colleges
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
COE	Center of Excellence
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
LEAD	Local Enhancement and Development for Health project
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 10th quarter marked a time of transition for the Philippine TIPS project, as USAID began exploring concrete ideas and priorities for a possible extension year. In March 2005, the project underwent an in-depth external evaluation that examined its accomplishments and lessons learned and outlined possible directions for the future. As it began to formulate the project's vision and strategy for Year 4, the team continued to focus on the implementation of contract deliverables and outputs based on the current annual work plan. Below are the highlights of our accomplishments during this reporting period.

Enabling environment. Development of the Private Drug Facility (PDF) moved to the forefront of the Philippine TIPS policy component during this quarter. The project gathered key stakeholders and policy-makers to educate them on the various policy options to ensure uninterrupted supply of TB drugs for private DOTS centers and to assess their support and commitment to PDF implementation. In the course of the meeting, we solicited and analyzed input from policy makers that will eventually shape the PDF implementation strategy. In the area of TB patient rights, a crucial development was the signing of the department order on the Guidelines for the Implementation of Policy and Program on TB Prevention and Control in the Workplace by the secretary of the Department of Labor and Employment (DOLE) on March 30, 2005. This important action paves the road for our technical assistance to DOLE in translating the guidelines into an action plan that will outline concrete steps in monitoring and assessing compliance with the directive and evaluating its impact on overall National Tuberculosis Program (NTP) performance.

Operations research and model development. The preliminary results of the Pharmacy Dots Initiative (PDI) were disseminated and discussed during the PDI National Dissemination Conference on March 8, 2005. The conference gathered top representatives from key partner organizations, educated them on the performance of the PDI model, and solidified their support for this important project initiative. The results of the PDI evaluation, also presented to each of the seven PDI pilot sites, revealed PDI success in reducing the sale of TB drugs without prescription, directing self-medicating and non-prescription clients to DOTS facilities, and the high quality of prescreening performed at the pharmacy level. It also stressed the potential of PDI to make a significant contribution to improving case detection rates.

DOTS model enhancement. Based on the implementation targets of the Year 3 work plan, and with support of the New Jersey National TB Center, the project continued to design the Philippine TB center of excellence, with special emphasis on engaging an existing local network of organizations that can assume major project functions beyond its estimated end date of September 30, 2006. Through a series of meetings, the project solicited input and secured buy-in of the top government officials, such as the DOH Undersecretary Nieto and NTP Coordinator Dr. Jaime Lagahid. During this reporting period, Philippine TIPS presented to the public-private mix DOTS (PPMD) program managers DOTS replication framework that was developed based on the results of the situation analyses of four DOTS clinics.

DOTS model replication. Philippine TIPS continued its vigorous monitoring and supervision activities with the 20 PPMD grantees. This resulted in outstanding performance by most units vis-à-vis program targets for case finding, laboratory activities, patient enrollment, treatment outcomes, and enlistment of trained and DOTS-certified physicians. The project is also pleased to report the addition of five units to

the roster of DOTS Centers accredited by PhilHealth, while two more units were certified by PhilCAT and are currently in the process of PhilHealth accreditation. The grantees had an opportunity to share their lessons learned and prospects for the future during a midyear evaluation and planning meeting in January 2005. Representatives of PhilCAT, PhilHealth, Regional Coordinating Committees on PPMDs, the National Coordinating Committee, and local government NTP personnel also attended the meeting. During this quarter, our implementing partner Philippine Business for Social Progress completed initial workplace/workforce model replication and reported successful model installation in Luzon, Visayas, and Mindanao.

Training. Philippine TIPS continued to provide technical assistance and mentoring to the Master TB Educator Award (MTBEA) grantees with special emphasis on the accomplishments and challenges of the second round of grants. During the midyear MTBEA evaluation, the project made specific recommendations to medical schools on reinforcement of the private sector's role in DOTS implementation in their curricula, best practice documentation and dissemination, and compliance with USAID branding and communications guidelines for all grant materials. The grantees showed significant progress in formulating TB core curriculum models, linking their students to local DOTS centers, and involving their faculty and alumni in basic DOTS training. Recognizing the pivotal role of the Association of Philippine Medical Colleges (AMPC) in ensuring continuity of DOTS in medical education, the project negotiated a Memorandum of Agreement (MOA) with APMC that incorporates DOTS in the medical board exams and encourages integration of DOTS curricula in non-MTBEA medical schools. As part of its institutional capacity work, the project put forward concrete action plans for six medical societies that focused on their training, capacity building, and support to the updated TB practice guidelines for adult and pediatric practitioners.

Certification. During this quarter, Philippine TIPS developed the *Certification User Guide for DOTS Center Applicants*. The guide explains the certification process, helps the applicants understand and appreciate standards, and assists them in completing self-assessments and the survey tool. It was produced and field-tested with both certified and non-certified DOTS Centers, as well as with a panel of experts from PhilCAT, the Department of Health, and the LEAD project. As part of the project's continuing collaboration with the DOH, PhilCAT, and PhilHealth in the area of certification, Philippine TIPS participated in the DOH National Consultative Workshop on Certification and used it as a venue for dissemination of the project's educational materials on certification.

Communications. The project developed a number of communications products in support of various DOTS models – videos and publications for the workforce model, content for the PDI infomercial to be used by Mercury Drug Corporation, promotional materials for MTBEA schools, and pamphlets on certification. Extensive technical assistance also was provided to the PPMD grantees in the development of their social marketing, communications, and demand generation plans. Recognizing the importance of documenting and disseminating success stories and best practices, the project conducted field interviews in Cavite and Cagayan de Oro City on the impact of the PDI model on service providers and patients. Also during this quarter, the project continued its efforts on building PhilCAT's communications and social marketing capacity by conducting and facilitating a planning workshop for its board members, partners, and representatives from local coalitions. The highlight of our support to PhilCAT and our work to promote DOTS in the private sector was the project's active participation in the 2005 World TB Day commemoration on March 13, 2005, which more than 500 participants attended.

Financing. With heavy emphasis being placed on ensuring PPMD sustainability, the team concentrated its resources on the development of quality business finance and management training for the PPMD grantees. During this reporting period, the first round of training was developed, tested, and delivered in a series of two training sessions in Cebu and Tagaytay. The important lessons learned from the first round will be used to refine training materials and provide improved financial management guidelines to the PPMDs. The project continued its work on the TB Financing Framework in close coordination with the TB Policy Agenda initiative and the LEAD project and provided technical assistance to PhilHealth on the actuarial study and assessment of reimbursement policies.

Organizational development of PhilCAT. As mentioned in specific task areas throughout this report, Philippine TIPS worked extensively with PhilCAT on various components of its organizational structure and functions, from advocacy to communications and social marketing. In addition, we provided targeted technical assistance to the PhilCAT Board of Directors at their March 16-17, 2005, meeting. During the meeting, the board took some important actions, including steps to strengthen local coalitions and confirmation of various standing committees.

Project management. During this quarter, the project completed recruitment and fielding of the new deputy chief of party, Olya Smolyanova, who began her assignment on February 21, 2005. Ms. Smolyanova will work closely with the chief of party to provide management and oversight of project activities, manage coordination with USAID and subcontractors, and ensure effective monitoring and quality control of project outputs. Also during this reporting period, Philippine TIPS underwent an extensive evaluation by USAID and members of an external evaluation team. The team assisted the evaluators by organizing meetings, conducting field visits to project sites, and providing written documentation. The evaluation report, which will be available during the next quarter, will provide an outline of project achievements and recommendations for next year.

Below, we provide a brief Project Description section, followed by the detailed account of project activities under each task.

SECTION I

Project Description

Philippine TIPS aims to increase the successful diagnosis and treatment of TB patients through private sector services in selected sites. The project improves and standardizes TB control using a TB diagnosis and treatment control approach known as DOTS – “Directly Observed Treatment, Short Course.” Currently, 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.

Project Tasks and Deliverables

Project Tasks	Major Deliverables
Inputs from all tasks.	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 (OR) and Model Development. 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: DOTS Models Enhancement. Private sector models developed, implemented, and assessed.	Deliverable D: Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication.
Task 4: DOTS Models Replication. Best approaches/models are implemented and adapted in strategic cities and municipalities nationwide with a potential for replication beyond those sites.	Deliverable E: Best TB DOTS approaches/service models implemented in at least 25 service delivery points in strategic cities/large municipalities nationwide.
Task 5: Training, Certification, and Communication. Sustainability of all TB programs strengthened through improved teaching and training in medical schools and improved health-treatment behavior of the private providers.	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 6: Financing. National health care financing schemes that strengthen private sector delivery of TB service developed and implemented.	Deliverable G: Appropriate guidelines and regulations are developed to promote necessary reimbursement programs among private health groups.

General Approach, Strategy and Targets to Date

The following four pillars 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.
- Leverage open society and media — build awareness of the magnitude of the TB problem and implement an integrated communication strategy to strengthen advocacy for treatment behavior change of private providers, particularly to encourage the use of DOTS.
- 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; partner with PhilCAT and assist in its capacity building to enable and empower it further to sustain the efforts of the project.
- 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.

In the first year of the project, efforts were focused on groundwork activities, e.g., establishing the policy strategy, organizing policy consultation groups, generating TB visibility in the news media, developing partnerships with DOTS model implementers, preparing assessment tools for existing models, and designing new DOTS models in private sector settings.

Recognizing the primacy of the overall objective of achieving an 85 percent 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 DOTS Fund grantees (20), formal DOTS in the workplace models and replicants (6), and informal DOTS in the workforce models (2). The project was also ready to initiate quality improvement and sustainability discussions with four CDC/PhilCAT-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, strengthening the integration of the DOTS syllabus in the medical curriculum, continuing medical education (CME) programs, and communications support to various institutions.

SECTION II

Tenth Quarter Accomplishments

Deliverable A: Baseline Data Collection and Performance Monitoring Plan

Objectives: Establish private providers' knowledge, attitudes, and practices (KAP) on TB treatment and periodically update and submit reports on the project's performance monitoring plan.

10th Quarter Targets:

- Disseminate the KAP study
- Submit PMP report to USAID

Major Accomplishments:

- Finalized and circulated the KAP study
- Provided input on the USAID 2005-2006 PMP to the Mission

Baseline Survey of Private Physicians' KAP

The study, implemented through a subcontract with the University of the Philippines Economics Foundation, identified a total of 8,000 private physicians, of which 1,535 were surveyed — a landmark in Philippine medical practice surveys. A situation analysis in six selected sites complemented the survey.

During this quarter, the study results were finalized and circulated among project staff. Official presentation of the study's results to the Philippine TIPS project staff will take place May 2, 2005, followed by a presentation to USAID. The project plans to further disseminate the study using venues such as the DOH Essential National Health Research forum, PhilCAT Convention, and International Union Against Tuberculosis and Lung Diseases's 36th meeting in Paris.

Performance Monitoring Plan (PMP)

Philippine TIPS PMP will be revised to incorporate new targets and indicators after the Year 4 work plan is approved by USAID. In addition, the indicators will be harmonized with those of USAID when the Mission's PHN division finalizes its PMP for 2006. During this reporting period, the project provided input to USAID on its new PMP and conducted preliminary discussions of the corresponding changes in the Philippine TIPS PMP. Annex A to this report summarizes project's performance to-date vis-à-vis its current PMP.

Next Quarter Targets

- Present KAP study to Philippine TIPS staff and USAID
- Disseminate KAP study findings to key stakeholders

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.

10th Quarter Targets:

- Prepare the Private Drug Facility (PDF) design for pilot testing
- Align TB policy with the Health Sector Reform Agenda
- Further promote TB patients' rights
- Prepare for covenants with PCR, PAMET, PSP, and NRL groups for DOTS quality assurance

Major Accomplishments:

- Implemented stakeholders' workshop on basic policies in support of the PDF design that will ensure uninterrupted supply of TB drugs to private DOTS Centers
- Facilitated the signing of the DOLE Department Order on TB
- Finalized quality assurance action plans for six medical professional societies
- Launched Comprehensive and Unified Policy (CUP 2004) on TB Control in the Philippines incorporating fixed-dose drug combination regimens, private-public mix DOTS guidelines, and TB diagnostic committee
- Strengthened relationship with Rotary International District of Makati

Private Drug Facility (PDF)

On January 20-21, 2005, Philippine TIPS conducted a stakeholder workshop on PDF design and implementation for officials from the Department of Health (DOH), selected local government health facilities, the National Computer Center, TB experts, pharmaceutical companies, and members of the academic community. The main objectives of the workshop were to present four major policy options to improve procurement, distribution, management, and use of TB drugs; to determine the degree of stakeholders' support for these policies; and to ascertain their ability to influence policy makers. Four major policies presented for discussion were:

- TB product registration to ensure that quality and packaging conform to those of the GDF
- Pooled procurement by private DOTS centers to allow for economies of scale
- Use of information technology to improve inventory management, proper recording, storage, and preparation/submission of reports on TB drug utilization in both public and private DOTS centers
- Proposals for NTP multi-year performance budgeting to ensure continuity of supply and efficient use of NTP resources

The workshop revealed that bulk procurement and use of IT are strongly supported by the stakeholders, who have moderate degree of influence over the decision makers. It is envisioned that the PDF will offer alternative schemes for TB drugs distribution, taking into account the resources of existing private and public distribution networks. Information received and analyzed during the workshop will shape our final proposal for PDF design and implementation.

Protection of TB Patient Rights

On March 30, 2005, the secretary of the Department of Labor and Employment (DOLE) signed the Department Order (DO) on the Guidelines for the Implementation of Policy and Program on TB Prevention and Control in the Workplace. The DO directs private establishments, workplaces, and worksites to formulate and implement TB prevention and control policies and programs that are aligned with the Comprehensive and Unified Policy for TB Control (CUP).

The DO stipulates that management and labor groups make these policies and programs an integral part of their occupational safety programs and bargaining agreements. At the same time, workers who are symptomatic and are diagnosed with TB must also be responsible for seeking and utilizing TB-DOTS services. As such, the implementation of the DO is expected to strengthen private sector participation in TB control.

In the next quarter, consultation meetings will be held to help translate the DOLE guidelines into an action plan that will outline concrete steps and strategies to monitor and assess compliance with the DO by employers and employees and to evaluate its impact on overall NTP performance.

Quality Assurance

During this quarter, Philippine TIPS completed quality assurance action plans for six professional societies. The next phase of our work will engage these societies in implementation and monitoring of their action plans.

Philippine TIPS also is working to formalize TB-DOTS partnership with the diagnostics professional societies, including the Philippine College of Radiology (PCR), the Philippine Association of Medical Technologists (PAMET), the Philippine Society of Pathologists (PSP), and the National Reference Laboratory (NRL) group. The objective is to reach consensus on diagnostic standards and procedures, quality assurance mechanisms for TB diagnosis, and stakeholder roles in certification and accreditation of acid fast bacilli (AFB) microscopy centers and TB diagnostic committees. Preliminary discussions were conducted with the PCR and the NRL group toward signing a memorandum of agreement that will form the basis for provision of technical assistance to these societies. Please refer to Task 5a and 5b, Training and Certification, for a more detailed description of these activities.

TB Policy Agenda

Technical assistance on TB policy agenda commenced in February 2005. During the quarter, Philippine TISP prepared the inception report (IR) outlining the objectives, activities, and strategies for this activity and began the assessment of the relevant research studies. We are coordinating closely with the LEAD project on the implementation of this task and have formed a joint task force with clear terms of reference and roles and responsibilities.

Comprehensive and Unified Policy for TB (CUP)

Philippine TIPS assisted in the technical editing, layout and final publication of the Comprehensive and Unified Policy for TB (CUP), including its official launch on March 30, 2005. This much-anticipated event was attended by officials from the DOH, partner government agencies, private institutions, and the academic community.

Likewise, the project is providing technical and logistics assistance to the DOH in finalizing the NTP Manual of Procedures.

Covenant with Rotary Philippines

In February 2005, Philippine TIPS participated in meetings of the Rotary Club of Makati/Rockwell. As a sign of the project's strong commitment to support the Rotary's Stop TB program, two senior TIPS members were inducted as official members of the club.

The Rotary Club of Makati/Rockwell is one of the most active supporters of the Stop TB program and has enrolled at 128 TB patients in various public DOTS centers in its communities in Tarlac since the program launched in September 2004. As its contribution to the program, Philippine TIPS provided informational materials, such as the directory of private and public PPMD units. The project also was invited to participate in the planning activity of the Rotary Club of Makati in April 2005.

Next Quarter Targets

- Finalize PDF design and development of its monitoring instrument
- Conduct policy workshops to validate the proposed TB policy agenda
- Sign covenants with the PCR, PAMET, PSP, and NRL groups for DOTS quality assurance
- Assist DOLE in launching the Department Order and signing covenants with employers' groups
- Monitor Rotary Club of Makati Stop TB accomplishments

Deliverable C: Best Strategies Identified Through Operations Research to Improve and Expand TB DOTS Implementation in the Private Sector

Task 2: Operations Research (OR) and Model Development¹

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.

10th Quarter Targets:

- Validate and disseminate results of PDI evaluation in seven sites
- Develop PDI saturation plans
- Conduct initial PDI expansion in selected sites
- Set-up SPN-DOTSLink central management office
- Review proposals for small OR studies

Major Accomplishments:

- Completed local validation exercises of PDI evaluation results in seven pilot sites
- Completed PDI pilot evaluation report
- Revised PDI monitoring tools and manual of operations
- Developed PDI saturation plans
- Held the National Dissemination Conference on PDI with various stakeholders
- Completed manual of operations for SPN-DOTSLink Model
- Conducted OR proposal writing workshop

Pharmacy DOTS Initiative (PDI) Model

During this quarter, the results of the PDI evaluation were presented to each of the seven pilot sites in a series of local validation exercises from January to February 2005. Participating pharmacy representatives and local stakeholders received the results of the program evaluation and levels of PDI performance favorably. They suggested that more pharmacies should be included and resolved to improve their performance.

Representatives from the Department of Health (DOH), the Drugstores Association of the Philippines (DSAP), the Philippine Pharmaceutical Association (PPhA), Mercury Drug Corporation, Watson's Personal Care Stores (Phils.), Rose Pharmacy Inc., the Philippine Coalition Against Tuberculosis (PhilCAT), and USAID attended the PDI National Dissemination Conference on March 8, 2005. Data obtained from the regular monitoring reports and the mystery shopper study (See Figure 1) were presented on the performance of PDI. The evaluation activity demonstrated PDI success in reducing the sale of TB drugs without prescriptions in the pilot sites, in directing self-medicating clients and clients with prescriptions who cannot afford the entire treatment regimen to DOTS facilities, and in maintaining

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 covers OR and new DOTS model development and Task 3 focuses on the enhancement of existing DOTS models.

the high quality of prescreening at the pharmacy level. It also stressed the PDI's potential to make a significant contribution to improving case detection rates.

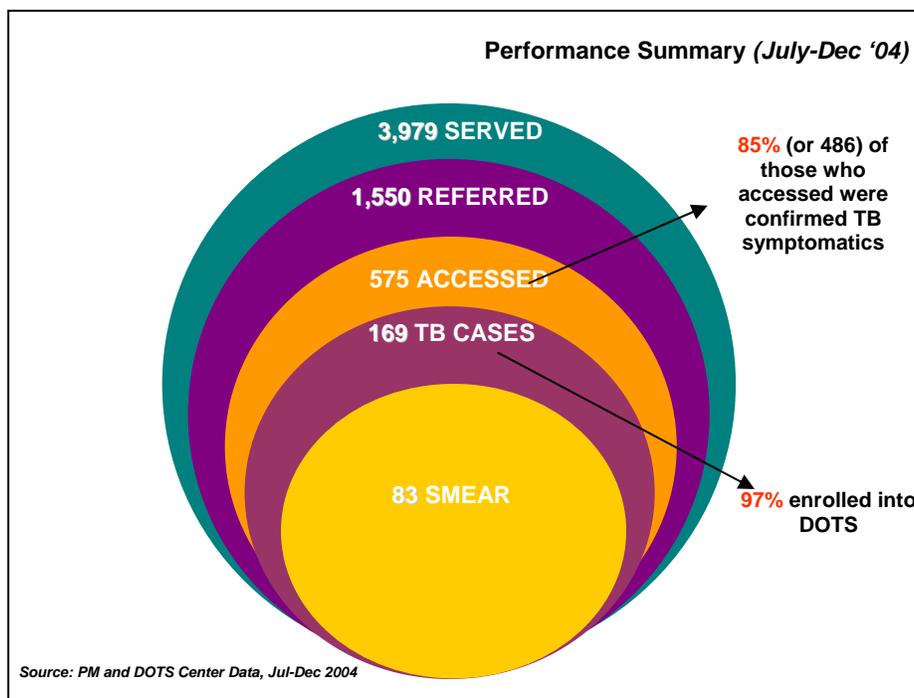


Figure 1: Performance Outcomes of PDI, July-December 2004

The National Dissemination Workshop consolidated support for the PDI. Dr. Ethelyn Nieto, undersecretary of Health, commended the pharmacy sector and called for PDI to be supported by all sectors. Various other partners, including the World Health Organization (WHO), praised PDI as an innovative strategy and recommended its continuation and further expansion to other cities in the country.

Philippine TIPS finalized PDI saturation plan to include all pharmacies — or at least 80 percent of them — in the selected pilot sites. The plan included the revision of information, education, and communications (IEC) and monitoring materials; implementation plans for further stakeholder advocacy and pharmacy staff training; and manpower and resource requirements.

Single Practice Providers Network (SPN or DOTSLink) Model

Initial implementation of the DOTSLink/Single Practice Network (SPN) model began in January 2005 with the hiring of the SPN manager and SPN operations officer. (The hiring of the SPN training officer and two SPN site managers are currently pending.) These staff launched work on this model by developing the *SPN Manual of Operations*, which is currently undergoing review and pre-testing.

The team held coordination meetings with key stakeholders and possible partners in Cebu and Dumaguete, the two cities that have been identified as pilot sites for model testing. We were able to

obtaining strong support of the CHD 7 regional director for piloting the model in Mandaue and Lapu-Lapu cities in Metro Cebu.

Priority OR Studies

Following the identification and prioritization of research topics during the previous quarter, a proposal writing workshop was held on March 1-2, 2005. The workshop was attended by seven research institutions, with six proceeding to submit proposals for studies to strengthen the PPMD model. The following is a list of the proposals submitted for review:

- “Quality of Care in Public-Private Mix DOTS Models” (College of Public Health, University of the Philippines Manila)
- “Enhancing PPMD Units through the Adoption of DOTS in HMOs” (Lung Study Group)
- “Quality Control of Sputum Smear Exam in all PPMD Units” (Philippine Tuberculosis Society, Inc.)
- “Increasing Private Physicians Referrals to PPMD Units through Social Marketing” (Institute of Public Health Management)
- “Enhancing Family-Based DOTS to Improve Treatment Adherence” (Family Medicine Research Group Inc.)
- “The TB Diagnostic Committee: A Mechanism to Improve the quality of TB Diagnosis in the Philippines” (University of the Philippine Population Institute – Demographic Research and Development Foundation, Inc.)

Feedback on the submitted proposals was given during the last week of March, and revisions are currently under way. The final selection of the studies will take place during the next quarter.

Next Quarter Targets

- Continue PDI implementation in seven sites
- Revise IEC materials and training modules for PDI saturation in three sites
- Complete SPN pilot testing protocols
- Conduct SPN training
- Conduct baseline assessments for PPMD enhancement and improved quality of service

Deliverable D: Private Sector TB DOTS Service Models Implemented in Specific Areas to Demonstrate Potential for Replication

Task 3: DOTS Model Enhancement

Objective: To develop and implement enhancement plans to improve quality of DOTS services and to demonstrate potential for replication

10th Quarter Targets:

- Hold stakeholder meetings on TB Centers of Excellence (COE)
- Finalize technical assistance for COE design

Major Accomplishments:

- Held consultation meetings with stakeholders on TB Centers of Excellence
- Finalized SOW for COE design
- Completed PPMD replication guidelines

Center of Excellence

Based on the requirements of the Year 3 work plan, Philippine TIPS continued to conceptualize and design the COE, using lessons learned from the 2004 study tour to various TB Centers worldwide .

Philippine TIPS made a presentation to Undersecretary Nieto of the DOH; USAID and the NTP coordinator, Dr. Jaime Lagahid, also attended. Subsequent consultation meetings with Dr. Lee Reichman of the New Jersey Medical School National TB Center (NTBC), Dr. Rosalind Vianson of the Department of Health National TB Program, and Dr. Mario Villaverde of the Health Policy Development and Planning Bureau were held to solicit their input into COE design. Dr. Villaverde and Dr. Vianson expressed interest in working with the project to develop the concept and to identify existing organizations for possible collaboration. The final output was a scope of work to explore the need for such a center in the Philippines.

Uncertainty surrounds this project activity following the recommendations of the USAID evaluation team. Our issues and concerns regarding this are outlined in Section III of this report, Outstanding Issues and Measures Taken or Options to Address the Issues.

Replication Framework for PPMD Units

During this reporting period, the PPMD replication framework was drafted, with technical assistance from the NTBC. It drew from the results of the situation analyses on the four DOTS clinics (Manila Doctors Hospital, PhilamCare, De La Salle University DOTS Clinic, and FriendlyCare Foundation DOTS-Cubao). The framework was reviewed and presented to PPMD program managers during the PPMD midyear evaluation and planning meeting in Davao City on January 27, 2005. The framework will be available for internal use among the PPMD grantees during the next quarter.

Next Quarter Targets

- Distribute PPMD replication guidelines to PPMD grantees

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

10th Quarter Targets:

- Provide technical assistance to the DOTS Centers
- Expand to three new sites previously supported by PhilCAT/CDC
- Conduct midyear evaluation and planning meetings for PPMDs
- Conduct business and financial management training for PPMDs
- Explore PPMD expansion

Major Accomplishments:

- Conducted midyear program review and operational assessment of the PPMDs
- Monitored and supervised the provision of quality DOTS services by the PPMDs
- 14 of 20 PPMDs certified by PhilCAT
- 7 of 20 PPMDs accredited by PhilHealth
- Organized Regional Coordinating Committees (RCCs) in seven of the 12 regions (the remaining five are assisted by the Global Fund)
- Conducted business planning and financial management training for PPMDs
- Facilitated PPMD participation in the commemoration of World TB Day
- Designed technical assistance to four models previously assisted by PhilCAT/CDC
- Through PBSP, continued implementation of the workplace and workforce models

Performance of the 20 PPMD Grantees

A midyear evaluation and planning meeting for the PPMD grantees was held in Davao City on January 25-27, 2005. In addition to the project and PPMD staff, the meeting was attended by representatives of PhilCAT, PhilHealth, 12 Regional Coordinating Committees, the National Coordinating Committee, and local government NTP personnel. The participation of these key stakeholders allowed an open discussion of public-private interactions, such as assessment, certification, and monitoring activities; quality assurance for microscopy services; logistical support on drug and laboratory supply; and TB Diagnostic Committee meetings.

Overall, the combined performance of the grantees met — and in some cases exceeded — program targets for case finding, laboratory activities, patient enrollment into the DOTS program, preliminary treatment outcomes (i.e., sputum conversion), and enlistment of trained and certified DOTS referring physicians. This exceeded our initial expectation that it would take on average a year and a half for a PPMD unit to attain quality DOTS services.

Some sites, however, did not meet their March 2005 targets and were advised to develop catch-up plans to strengthen case finding and case holding; social marketing; and advocacy among doctors, allied health workers, and the community at large for the remaining period of grant implementation.

Detailed performance of the PPMD grantees is presented in Annex B to this report. In summary:

- A combined total of 3,062 people suspected to have TB have been seen in the 20 PPMD units — an increase of 63.39 percent from the previous quarter. Of these, 62 percent (1,905, a 144 percent increase) were referred by doctors — up by 22 percent from the previously reported proportion, and 94 percent were referred by certified DOTS referring physicians. One-fourth (781) were walk-in cases. Other sources of referrals included the pharmacy DOTS initiatives in six sites (54, an 86 percent increase from last quarter), current or former patients (135, a 55 percent increase), treatment partners (8), community leaders (14), barangay health workers (43), missionaries (12), city jails (22), schools (2), NGOs (10), and inter-PPMD referral (1).
- Twenty-eight percent (871, up 74.5 percent from last quarter) have been enrolled in the DOTS program — 491 new smear-positive cases, 258 new smear-negative cases, 74 re-treatment smear-positive cases, 32 re-treatment smear-negative cases, and 16 extra-pulmonary TB cases. The overall 3-sputum collection rate was 91.7 percent — 14 out of 20 (70 percent) PPMD units reached at least 95 percent, and the average positivity rate was 17 percent.
- An overall case notification rate of 15.93 per 100,000 population was noted among the combined target population within the grantees' catchment areas. Case detection rate was computed at 10.99 percent. A preliminary additionality of 4.11 percent and incremental increase of 3.84 percent to case detection rate in the combined populations of their respective cities/municipalities was noted.
- With each of the 20 PPMD units having access to their own TB diagnostic committee, smear-negative cases that are commonly encountered by private practitioners can be treated under the DOTS program. A combined total of 269 (53.98 percent) cases were approved for treatment out of the 466 cases submitted for review.
- A sputum-conversion rate of 90 percent has been noted among new smear-positive cases that have finished the intensive phase. Of the 177 new smear-positive cases for which treatment outcomes are known, 61.58 percent (109) were cured and 18.08 percent (32) completed treatment — giving an initial success rate of 79.66 percent among such cases — while 5 percent (9) died during treatment, 3.96 percent (7) failed treatment, 3.96 percent (7) defaulted and 7.34 percent (13) were transferred to other DOTS units.
- Overall, the combined enrollment in the 20 sites is already at 75 percent of the combined annual targets after nine months of operation. Fifteen of the sites achieved the target 50 percent patient enrollment within the three quarters of the grant period. Eight sites have exceeded their annual targets.
- A combined total of 690 DOTS-certified physicians — just one physician short of the targeted 691 for the entire grant period — were trained in the 20 sites. A total of 82.38 percent (402 out of 488) of the referrals from physicians originated from DOTS-certified medical practitioners. This achievement demonstrates the success of the Basic DOTS Training for Referring Physicians in generating awareness among private practitioners and linking them to the PPMD units for their patients to be enrolled into the DOTS program.

- As an important testament to Philippine TIPS' commitment to improving the quality of DOTS service delivery, we are pleased to report that five additional PPMD units were accredited by PhilHealth during this reporting period, bringing the total to seven out of 20. Two additional sites were also certified by PhilCAT and are currently working on their PhilHealth accreditation. Annex C to this report demonstrates our PPMDs' assessment, certification, and accreditation status.

Business Planning and Financial Management Training

Another important activity during this reporting period was the implementation of the business planning and finance management (BPFM) training for the PPMD grantees. The detailed description of this activity is provided under Task 6: Financing.

Coordination with Project Stakeholders

Philippine TIPS represented the interests of its PPMD units at the Department of Health's NTP consultative meeting on February 14-16, 2005. Possible areas of future collaboration and coordination of activities, specifically on target expansion sites to avoid overlap with PhilCAT/Global Fund-supported sites, were discussed, as well as guidelines on the project's support to the RCCs.

Technical Assistance to Models Previously Assisted by PhilCAT/CDC

The project developed the scope of our technical assistance to four DOTS centers previously assisted by PhilCAT/CDC, including the hospital-based model Manila Doctors Hospital DOTS Unit, coalition-based model De La Salle University DOTS Unit, HMO-based model Phil-Am Care DOTS Unit, and workplace-based model Cavite Industrial DOTS Unit.

The proposed technical assistance will introduce strategies and activities to integrate the DOTS facility within the management operations for the respective organizations. Our goal is to facilitate ownership of DOTS implementation by the parent organization — a strategic step toward sustainability of DOTS service operation.

DOTS in the Workforce (Four Formal Workplace Models and Two Informal Workforce Models)

Project partner Philippine Business for Social Progress (PBSP) completed workplace/workforce model replication in anticipation of approval of its expansion guidelines. By the end of this quarter, DOTS workplace/workforce models have been installed in Luzon, Visayas, and Mindanao. Eight Filipino-owned and four international corporations in the Philippines are implementing DOTS in the workplace/workforce models, with the following companies taking the lead:

- American Standard (workplace-public referral model)
- Toyota Motor Phil (workplace-HMO-referral model)
- Central Azucarera Don Pedro (workplace +-full-DOTS model, also rural informal workforce model)
- Aboitiz Transport System (urban informal workforce model)

PBSP facilitated the replication of the above models in its other member companies, combining DOTS advocacy and capacity-building in the regional offices where replications took place. The following models were replicated:

- Workplace-public referral model (3 replications)
- Workplace-HMO referral model (3 replications)
- Workplace ++ model (1 replication)
- Informal workforce model (3 replications)

This quarter marked two years of our collaboration with PBSP on the workplace/workforce model, which resulted in:

- A significant increase in case detection increased significantly in pilot sites. Cases from replication areas are also adding to case detection.
- Demonstration of the unemployed/informal workforce sector coverage by a workplace-based health program.
- Installation of DOTS in the workplace in several large companies.
- Assistance to strengthen public-sector DOTS service delivery through corporate social responsibility.
- Corporate and community participation and voluntarism to increase potential for sustainability.
- Contributions to increased awareness of TB and DOTS.
- Corporate management support for policy reform in workplace TB, ensuring sustainability and TB patients' rights.

Next Quarter Targets

- Continue technical assistance and financial support to the 20 PPMD units
- Conduct year-end evaluation and assessment of grantees
- Strengthen monitoring and evaluation based on catch-up plans
- Implement technical assistance to PhilCAT/CDC models
- Examine extension of technical and financial assistance to 20 PPMD grantees into Year 4
- Assess business plan and financial management capability of the grantees aiming at operational sustainability
- Implement the workplace and workforce models
- Scale up workforce/workplace replication in other targeted companies

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.

10th Quarter Targets:

- Conduct midyear mentoring of the MTBEA2 schools
- Implement twinning program of medical schools
- Provide technical assistance to the Association of Philippine Medical Colleges
- Assist in conducting DOTS training programs for allied health professionals
- Prepare DOTS syllabus for allied medical courses

Major accomplishments:

- Monitored progress and recommended enhancements for the MTBEA program
- Conducted consultative meetings to finalize Memorandum of Agreement with Association of Philippine Medical Colleges (APMC) to ensure continuity of DOTS in the medical schools
- Conducted needs assessment to integrate DOTS in allied health professional schools
- Designed technical assistance for the design of the DOTS Continuity Program in medical schools
- Initiated discussions to finalize Memorandum of Agreement with the Philippine College of Radiology (PCR)

Master TB Educator Award (MTBEA)

MTBEA2 midyear mentoring. To provide continuing technical support to MTBEA2 implementers, the project visited seven medical schools in March 2005 to conduct midyear mentoring to enhance program implementation and to address problems. The following major accomplishments of the MTBEA2 program were noted:

- The schools have formulated TB core curriculum modules across all levels, with some schools implementing the core curriculum in the next school year.
- Political commitment has been a critical factor in program implementation.
- Most MTBEA schools have linked their students to local DOTS centers, while some schools, such as the Cebu Institute of Medicine, have either established or initiated work in pre-existing DOTS centers (St. Louis University, UERM, Davao Medical School).
- MTBEAs also have reached out to their faculty and alumni to embrace DOTS through Basic DOTS Training and training of trainers (TOT). The Cebu Institute of Medicine's initiative on this went as far as involving the school and its alumni in the TB diagnostic committees.

- Students of some schools have conducted research studies on TB and have been involved in innovative activities such as debate on DOTS, pre-screening, etc.
- Students have developed a tremendous amount of IEC materials, such as posters, comics, videos, and brochures.

The monitoring team recommended the following enhancements:

- Broaden the knowledge base and attitude of students by reinforcing the five elements of DOTS, introducing the concept of public-private mix, and highlighting areas for private sector involvement
- Document and disseminate experiences and research activities in international journals, at conferences, and through the August 2005 TB summit
- Determine baseline knowledge and terminal competencies of the students to assess horizontal and vertical integration of all efforts
- Ensure all communications materials conform to USAID communications and branding guidelines

Based on the findings of the monitoring team, Philippine TIPS proposed a summit for medical schools that would involve the students, MTBEA implementers, and the faculty. The summit will serve as a venue for schools to exchange information and showcase their TB DOTS integration experiences, outputs, and communications products.

Advocacy Forum. In a 2004 evaluation on the level of DOTS integration in the participating medical schools, political commitment was identified as the most important element in initiating the core curriculum. To mobilize political will, Philippine TIPS organized an advocacy presentation to all MTBEA grantees on the involvement of the private sector in TB control and the role of medical schools and other sectors. For the MTBEA2 grantees, this activity coincided with the midyear mentoring session.

Institutionalize Medical School Integration of DOTS

With the increasing gains and outcomes in the two-year DOTS integration into medical education and the successful implementation of the Master TB Educator Awards, the project is looking into institutionalizing DOTS integration in medical education. The Association of Philippine Medical Colleges (APMC) is seen as an institution that can sustain and ensure DOTS continuity in medical education. APMC plays a pivotal role in broadening medical expertise and developing the social consciousness of future physicians. This understanding prompted the project to secure an MOA with APMC.

According to the MOA, APMC will incorporate DOTS in medical board exams, as well as implement DOTS in medical schools by integrating it in non-MTBEA school curricula, enhancing MTBEA grantees, and linking medical education with health care services. The project will provide technical and logistical assistance to APMC in the implementation of this DOTS continuity program. The MOA is expected to be signed in May 2005.

Strengthening DOTS in Professional Societies

Training for six medical societies: PCP, PCCP, PSMID, PAFP, PPS, and PCOM. From February to March 2005, Philippine TIPS provided assistance in concretizing action plans for six professional societies. In coordination with PhilCAT, representatives of each society identified their individual training needs. The project assisted in finalizing the plans and ensuring their feasibility vis-à-vis cost limitations and timelines. Special emphasis was given to areas such as training, capacity building, and support to an updated TB practice guideline for both adult and pediatrics practitioners.

The project also coordinated with the PCP on the implementation of DOTS-engaged physician training to be piloted during the PCP convention in May 2005. This training module is a refinement of the basic DOTS workshop for referring physicians with a special focus on DOTS integration and collaboration with the private sector. The training modules currently are being revised to reflect NTP updates, lectures on DOTS evidence, and PhilHealth accreditation guidelines.

Memorandum of agreement with the Philippine College of Radiology. - In March 2005, initial discussions were held with PCR to confirm its commitment in developing TB diagnostic committee guidelines on radiographic terms and diagnosis. Specific MOA terms are still being drafted for approval of the PCR Board of Directors and advisers. In principle, PCR has agreed to conduct training of a core group of radiologists who are deemed critical in facilitating standardization of radiographic terms. The MOA is currently being finalized and is expected to be signed in the next quarter.

Next Quarter Targets

- Monitor MTBEA2 grantees
- Design DOTS continuity program
- Sign MOA with APMC and PCR
- Develop DOTS core curriculum for allied health professional schools
- Generate commitment and MOU with allied health school associations
- Implement TB DOTS summit for medical schools
- Develop DOTS-engaged physician training
- Conduct training for the six professional societies

Task 5B: Certification

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

10th Quarter Targets:

- Implement training of trainers on how to conduct certification workshops
- Provide technical assistance to PhilHealth and the DOH NTP/Sentrong Sigla
- Conduct a workshop on the User Guide to Certification of DOTS Centers

Major accomplishments:

- Developed a prototype *Certification User Guide for DOTS Center Applicants*
- Provided technical inputs to the National Consultative Workshop on Certification
- Provided technical assistance to PhilHealth and DOH NTP/Sentrong Sigla
- Repackaged and reproduced the *Guide for DOTS Certification Assessors*

User Guide to Certification of DOTS Centers

With the increasing number of potential DOTS centers applying for certification, the project developed the *Certification User Guide for DOTS Center Applicants*. The primary purpose of the guide is to explain the process of certification, help applicants understand and appreciate standards, and assist in accomplishing self-assessments and the survey tool. The guide also explains the various functions and areas of interface with relevant technical assistance providers.

During this quarter, the guide was developed, field-tested to both certified and non-certified DOTS centers, and subjected to a critique by panel of experts from PhilCAT, Department of Health NTP/Sentrong Sigla, and the LEAD project. The guide also was presented to the February 2005 National Consultative Workshop on Certification, which was attended by the Regional NTP Coordinators and Certification Assessors. After the testing process, the guide was approved by the Department of Health.

National Consultative Workshop on Certification

As part of the project's continuous cooperation with DOH, PhilCAT and PhilHealth in the area of certification, Philippine TIPS participated in the DOH National Consultative Workshop on Certification. During this two-day workshop, the project disseminated the prototype *Certification User Guide for DOTS Center Applicants*, *Guide for DOTS Certification Assessors*, and a publication titled *Towards a Certifying System for TB-DOTS Service Providers in the Philippines*.

Next Quarter Targets

- Conduct DOTS assessors' training
- Disseminate *Certification User Guide for DOTS Center Applicants*
- Provide technical assistance to PHIC and the DOH NTP/Sentrong Sigla

Task 5C: Communications

Objective: Promote DOTS strategy to private providers using behavior change communications (BCC), provide communications support to project tasks, and disseminate project's success stories and lessons learned.

10th Quarter Targets:

- Strengthen BCC support in PPMD sites
- Continue to apply ICS for communications, social marketing, and health promotions strategies of partners, such as PhilCAT and the DOH
- Conduct project communications activities
- Provide communications support to others tasks and partners

Major Accomplishments:

- Provided communications support to project tasks and DOTS models
- Developed BCC concept paper for USAID
- Carried out project communications activities
- Provided OD assistance to PhilCAT in communications and marketing
- Provided communications support to project partners

Communications Support to Project Tasks/DOTS Models

Videos for DOTS in the workforce model. In collaboration with PBSP, the project's partner in the implementation of the workforce/workplace models, the project developed two videos: *A Company Referring to a DOTS Center* and *Making a Difference: Volunteers for Community TB*.

The videos document best practices and unique features of businesses that have adopted DOTS in their workplaces, such as the Central Azucarera Don Pedro and Aboitiz Transport Corporation. The purpose of this activity was twofold: to promote the DOTS in the workforce model to other companies and to serve as a learning reference for companies that want to establish their own TB-DOTS programs.

DOTS in the workforce model publications. The project worked closely with PBSP to finalize the *Managing Tuberculosis in the Workplace: A Guide for Companies Implementing DOTS* manual. This manual codifies lessons learned and best practices for company physicians and executives who wish to develop in-house DOTS in the workplace programs.

Infomercial for PDI model. In response to an opportunity offered by Mercury Drug Corporation, the project prepared content plan for a point-of-sale TB infomercial covering basic topics related to TB and DOTS. The content plan was submitted to Mercury and, if approved, is expected to be shown in Mercury branches nationwide.

Promotional materials for MTBEA schools. The project assisted in the production of low-cost patient education materials for the MTBEA medical schools, including:

- *Ang Solusyon (D.O.T.S.)*, a comic book in Ilonggo
- *Hagit sa Kinabuhi ni Rosa*, a comic book in Cebuano
- *2005 TB-DOTS Calendar*, a calendar containing TB-themed artwork by medical students

Communications and marketing needs assessment for the PPMD model. The project sponsored a session titled “Building the Market for Your DOTS Services — A Writing Exercise to Assess Needs” during the PPMD midyear evaluation and planning meeting on January 26-27, 2005. During the session, the participants identified their market, how they want this market to respond, how they reach the market, and how they can strengthen their market share. All PPMDs submitted their written responses which, together with the matrix of marketing catch-up plans prepared by the PPMDs as part of their general work planning, will be used as basis for providing technical assistance to PPMDs in marketing, communications, behavior change, and demand generation.

Publications in support of DOTS certification. During this quarter, we published 500 copies of two pamphlets: *Guide for DOTS Certification Assessors* and *Toward a Certifying System for TB-DOTS Service Providers in the Philippines*. The pamphlets will serve as reference materials for providers to support DOTS certification activities. We also provided assistance in the production of the *Certification User Guide for DOTS Center Applicants* and *Resources for Public-Private Mix DOTS Programs*.

Behavior Change Communications

At the request of USAID, the project prepared and submitted a concept paper titled “Behavior-Change Communication Support to Increase Doctor Referrals and Build Patient Traffic of Public-Private Mix DOTS Units Assisted by the Philippine TIPS Project.” The concept paper will inform the scope of work of a social marketing consultant to support private sector delivery of DOTS services. A major focus of the concept paper is direct-to-consumer communications to build demand for private DOTS services.

Project Communications

Documentation of project success stories. The project conducted field interviews of PDI providers and patients in Cavite Province and Cagayan de Oro City, gathering information for project success stories. Also during this quarter, Philippine TIPS submitted to USAID a success story about a TB patient from the Cavite Province who was referred to a public DOTS clinic by a PDI participating drugstore.

Preparation for the International Union Against Tuberculosis and Lung Disease conference. During this quarter, we began preparations for the special session to be hosted by Philippine TIPS during the 36th Union World Conference on Lung Health on October 18-22, 2005. The title of the session is “Engaging the Private Sector — Scaling Up and Sustaining Private-Public DOTS Models in the Philippines.” The symposium will address the topics of scaling-up TB control in the private sector and sustaining effective TB control through enabling policy environment, advocacy with quality DOTS TB care, and medical academic sector collaboration. The objectives of the symposium are:

- To understand innovations in delivering PPMD in a high burden TB setting
- To provide an overview of strategies expanding the delivery of quality DOTS through PPMD
- To review the outcomes of these strategies
- To understand how this is relevant to other countries

Organizational Support to PhilCAT in Communications and Marketing

PhilCAT strategic communications planning workshop. As part of its organizational assistance program to PhilCAT, Philippine TIPS designed and facilitated a strategic communications planning workshop on February 23, 2005. The purpose of the workshop was to assist PhilCAT in outlining its communication and social marketing strategy. The workshop was attended by 23 PhilCAT board members and representatives from local coalitions. The workshop achieved:

- A common understanding of the organizational attributes that PhilCAT wants to be known for among its major stakeholders in the Philippines and worldwide.
- An agreement on critical stakeholders for the next two to three years in promoting and implementing PhilCAT's communication and social marketing strategy.
- A set of core messages and their desired impact on the media, local coalitions, local chief executives, local communities, local organizations, global community, medical societies, and government institutions such as the Department of Health.

Communications Support to Project Partners

PhilCAT (participation in the World TB Day 2005 commemoration on March 13). Philippine TIPS was a member of the organizing committee for the 2005 World TB Day commemoration. The project played a major role in the event by:

- Mobilizing more than 500 participants from partners
- Distributing 1,500 T-shirts and caps with the World TB Day slogan
- Providing video and photo documentation of World TB Day 2005 commemoration
- Making arrangements with popular comedian Candy Pangilinan to be the host
- Facilitating donation of 10 boxes of snacks from Universal Robina Corporation

Rotary International. In accordance with the MOA with Rotary International, Philippine TIPS provided technical assistance to Rotary for the production of a full-page World TB Day advertisement in the *Manila Bulletin*, published on Sunday, March 13, 2005.

Department of Health, Comprehensive and Unified Policy (CUP) for TB Control in the Philippines. Philippine TIPS managed editing, pre-press, and print production (1,000 copies) of the CUP as part of its technical cooperation with the DOH. Philippine TIPS sponsored a convergence meeting on March 31 of 20 CUP signatory organizations, during which copies of the CUP were distributed and further dissemination plans were discussed.

Participation in the first strategic social marketing seminar. As part of its institutional capacity building efforts, the project sponsored the participation of PhilCAT, University of Sto. Tomas DOTS Clinic, and the Philippine College of Chest Physicians in a two-day seminar on social marketing conducted at the Asian Institute of Management on January 24-25, 2005.

Participation in the 1st Philippine Health and Nutrition Summit. The project sent a delegate to the 1st Philippine Health and Nutrition Summit on March 14, 2005,. The summit, sponsored by Nestle Corporation, included a speech on the state of health in the Philippines by Dr. Ethelyn Nieto, DOH undersecretary for Health Operations, and a keynote address by Senator Pia S. Cayetano, chair of the Senate Committee on Health.

Next Quarter Targets

- Provide social marketing and communications support to PPMD units to improve referrals from MDs who see TB patients within their catchment sites
- Conduct evidence-based BCC interventions to help increase the number of DOTS-engaged MDs in project sites
- Develop disease-specific IEC materials to support patient education and providers' DOTS-promotion work
- Continue to provide communications support to project tasks and DOTS models
- Disseminate project results and lessons learned to the national and international TB community through success stories, new exchanges among partners, publications, special events, and documentation of best practices.

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.

10th Quarter Targets:

- Complete BPFM training and guidelines for PPMD grantees
- Begin TB financing framework technical assistance
- Submit and secure approval for technical assistance to PhilHealth

Major accomplishments:

- Designed and implemented the BPFM training
- Presented BPFM guidelines to PPMDs
- Drafted SOW for TB financing framework to strengthen links with the TB policy agenda activities
- Continued dialogue with PhilHealth to make sure Philippine TIPS assistance meets the needs of the corporation on the TB benefits package

Business Planning and Financial Management Guidelines for PPMD Grantees

The draft business planning and financial management (BPFM) framework was presented to the PPMDs during the midyear monitoring and planning meeting in January 2005. Subsequently, the project prepared a training module that was tested in February 2005 to determine the appropriateness of the training method, subject matter coverage, and quality of the materials. Participants included senior officials from the DOH and PhilHealth, a UniLab DOTS center physician, and relevant project staff.

In March 2005, two series of BPFM training were conducted using the modified training module. The first training was held in Cebu City for DOTS grantees in the Visayas and Mindanao, and the second was conducted in Tagaytay City for the DOTS grantees in Luzon. The key objectives of the BPFM training were: to introduce business planning and financial management as tools for ensuring PPMD sustainability; to develop basic skills and improve understanding of basic concepts in business planning and financial management among pertinent PPMD staff; to provide a venue for sharing business and financial information among PPMD units; and to discuss strategies for sustainability. A total of 60 participants attended both training sessions.

In their evaluation of the training sessions, the participants generally expressed appreciation of the course and the relevance of topics covered, although a few commented that training time was inadequate and the pace was too fast to allow participants to absorb the presented concepts and techniques fully. The sessions revealed that PPMDs vary widely in terms of academic background, experiences, skills, business orientation, and philosophical conviction. Therefore, the training method and the content should be

simplified and customized for the type of PPMD being trained. While sustainability goals were shared by all, PPMDs vary in their inclination toward particular forms of financing to sustain their operations.

In the next quarter, the project will conduct post-training monitoring visits and on-site coaching to assess the degree of uptake on skills and to assist PPMDs in improving their financial management systems and drafting their business and financial plans.

TB Financing Framework

During this quarter, the project refined its technical assistance plan for the TB financing framework to establish linkages with the work on the TB policy agenda. The revised scope of work was re-submitted to USAID in March 2005 and disseminated to the joint Policy Task Force for comments and suggestions.

Technical assistance on the TB financing framework is expected to focus initially on sector-wide financing issues and will examine current sources of financing and strategic options that could be pursued either by the government or the private sector. This will be complemented by a parallel analysis of PPMD site-specific costs, revenue, and income.

Technical Assistance to PhilHealth

The project continued to collaborate with the PhilHealth Quality Assurance Research and Policy Division (QARPD) on the actuarial study and assessment of reimbursement policies and procedures, as they impact directly on the long-term financial viability of PPMDs. PhilHealth vice president and head of the QARPD agreed to provide substantial input into the scope of work to evaluate the TB benefit package and to assess PhilHealth reimbursement policy and procedures.

Certification and Accreditation

During this quarter, Philippine TIPS worked to fast-track certification and accreditation of PPMD centers to qualify them for reimbursement and to promote expansion of the PhilHealth membership. Only when a sufficient number of PPMD centers are certified and accredited — and a substantial segment of PPMD clients are PhilHealth members — will the impact of an improved TB benefit package and reimbursement procedure be felt fully.

Next Quarter Targets

- Complete BPFM guidelines for PPMDs
- Develop feasible PPMD financing schemes
- Begin TB financing framework activities
- Submit the scope of work and begin activities under the PhilHealth technical assistance plan

PhilCAT Organizational Development and Project Management

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

- Presented organizational development report to the PhilCAT Board of Directors for approval and action
- Constituted the PhilCAT Organization Governance and Development Committee
- Assisted in the implementation of the PhilCAT Board of Directors meeting in March 2005
- Recruited and fielded the new deputy chief of party
- Assisted USAID in planning and implementation of project evaluation

PhilCAT Organizational Development

During this quarter, Philippine TIPS worked extensively with PhilCAT on various components of its organizational structure and functions, from advocacy to communications and social marketing. The details of this work are presented in various sections throughout this report. In addition, the project provided targeted technical assistance to the PhilCAT Board of Directors (BOD) at its meeting on March 16-17, 2005.

During this quarter, seven committees (governance, membership, resource, communication and marketing, external partnership, technical assessment, and local coalition) completed and presented their reports to the board of directors, with the board providing approvals and guidelines in the following key areas:

- The technical assessment committee shall give the final recommendations to the BOD as to whom and which organization are qualified as recipient of projects after careful validation or requirements and project proposals.
- Should PhilCAT members receive project grants, there is no need to pass through the technical assessment committee.
- To avoid confusion with the term “regional coalition,” the board decided to call all coalitions in local areas “local coalitions.”

- Local coalitions founded by PhilCAT members become members of PhilCAT automatically. The board encouraged the formation of local coalitions.
- Local coalitions will be part of the General Assembly.
- Local coalitions are given the freedom to set up their own organizational systems.
- Only one coalition may be established per province/city.
- A standing committee for resource generation and management was created with Dr. Melvin Magno as chair.
- A standing committee on communication and marketing was approved, and a board member, Dr. Ivan Villespin, was appointed chair.
- A standing committee on organizational governance and development was created, and Dr. Camilo Roa Jr. was appointed as chair.
- A standing committee on technical assessment was created with Dr. Vince Balanag Jr. as chair.

Project Management

During this quarter, the project completed recruitment and fielding procedures for the new deputy chief of party, Olya Smolyanova, who began her assignment on February 21, 2005. Ms. Smolyanova comes from Chemonics' home office in Washington, where she has worked for nine years in various home office and overseas capacities. Ms. Smolyanova will work closely with the chief of party to provide management and oversight of project functions and activities, manage coordination with USAID and project partners, and ensure effective monitoring and evaluation of project deliverables and outputs.

Also during the quarter, the project underwent an extensive evaluation by USAID and members of an external evaluation team. The evaluation was aimed at providing an outline of the project achievements and lessons learned, recommendations for a set of activities during the extension year, as well as ideas for future direction for USAID-funded TB activities in the private sector. The project team assisted the evaluators in setting up meetings with key project partners and stakeholders, conducting field visits to project sites, and providing the necessary written materials and documentation.

Next Quarter Targets

- Continue to provide targeted OD assistance to PhilCAT

SECTION III

Outstanding Issues and Measures Taken or Options to Address the Issues

The testing of the single practice network in two pilot sites is expected to begin in the 11th quarter of the project. The timely pilot testing of the model will be highly dependent on the successful recruitment and approval of the major positions identified to carry out the task. The SPN tools and procedures are undergoing modification and refinement. In their work with referring physicians, PPMDs have identified the SPN as an effective strategy to expand the network of PPMD units. This development is seen by the project as an opportunity to pretest and fine-tune the SPN tools and procedures while piloting the model in the two sites. In the meantime, for the replication team, this is a means for enhancing the financial viability of the PPMD units, as it increases its network of referring DOTS providers. The success of the approach will depend on the level of involvement of the PPMDs in sustaining the network of providers, while attending to their core business of providing DOTS services.

With the wide recognition of the favorable impact of the PDI intervention, calls have been made by some PPMD units to start a soft implementation of the PDI approach within their catchment areas. A deliberate plan for approaching this route will have to be developed in order to effect a systematic implementation of this initiative in selected PPMDs (to be identified by Task 4) within a short period of time and to ensure that this activity does not stand in the way of the performance of PDI core activities.

The operations research studies that are being considered for support will need to be completed within an average of six months. However, because of constraints of the Philippine TIPS contract, (i.e., the lack of obligation for the extension) these OR projects will have to be implemented in at least two phases, with the first phase being completed before September 2005. Close collaboration and coordination with Task 4 will be followed to ensure the immediate utilization of information derived from the studies to inform decision-making.

The COE has been designed as a mechanism for sustaining the gains from the Philippine TIPS experience. The main function of such a center or centers is to begin to assume various initiatives and activities currently being implemented by the project, taking a crucial step toward sustainability beyond the estimated project end date of September 30, 2006. Our proposed STTA will explore the capacity and commitment of existing institutions and organizations in the country vis-à-vis the requirement and recommendations for an effective and sustainable center or centers of excellence. This requires consensus building and support for such an initiative by the DOH and major TB stakeholders. In exploring the concept of the TB COE, it is relevant to look at some institutions that have emerged as de facto centers of excellence, inasmuch as they have taken up the agenda of promoting DOTS in their various spheres of leadership. The following institutions, for example, already play some role in providing technical and sectoral leadership in the promotion of DOTS:

- PBSP, on DOTS in the workforce and on advocating DOTS as a form of employee relations and productivity enhancement.
- Mercury Drug, on deciding to institutionalize corporate social responsibility as a drugstore chain by mandating some PDI features in all of their training for all new salespersons.
- The medical schools in the MTBEA, on becoming local technical leaders providing cutting-edge DOTS training to their regions.
- Rotary Club, on providing leadership in civic action leading to increased case detection.

The BPFM guidelines initially developed may not be suitable for all types of PPMD units and may need to be simplified and customized to fit a variety of PPMD categories. The PPMD units may need considerable time beyond the period of the current grant to put in place the necessary financial recording and reporting systems that will generate credible data for financial and cost analysis. Each PPMD may need to define precisely how their current operations can be sustained by generating a reliable source of financing, e.g., user fees, proceeds from PhilHealth reimbursements, donor assistance, grants, etc. Other than generating resources to ensure the sustainability of the PPMDs, there is need to adopt cost-reduction measures that could include cutting down on personnel costs. This may require the project to revisit the original guidelines on the staffing of PPMD units.

SECTION IV

Status toward Achieving Sustainability of Efforts

The slower-than-desired evolution of PhilCAT and its still unclear role in adopting the key project functions beyond September 2006 was highlighted as an important issue in the USAID's evaluation of the project. With 16 months of project implementation remaining, PhilCAT's organizational development process appears drawn out and inconclusive, giving the project little time to transfer technology and institutional knowledge. Based on the recommendations of the evaluation team and following our own assessment, we have determined August 2005 as the ultimate deadline for the confirmation of PhilCAT's commitment to its critical role during and beyond the life of this project.

There is a clear need for the project to develop other linkages that would lead to a diffusion of project technology across the following:

- Philippine Tuberculosis Society Inc. — national training programs in DOTS
- Association of Philippine Medical Colleges — MTBEA
- Professional Societies of Medical Practitioners — DOTS in training programs, TOT for DOTS, support for local coalitions
- Allied Health Professional organizations — PDI, sputum microscopy, case management
- Drugstore Association of the Philippines — PDI
- Philippine Business for Social Progress — DOTS in the workforce, TB patients' rights in the workplace

While the final decision on PhilCAT's leadership role in the private sector DOTS remains unclear, many of the aforementioned functions still can be assumed by PhilCAT, a similar successor organization, or a network of organizations that we plan to explore in lieu of the previously considered center of excellence concept. Our concrete recommendations on project sustainability will be articulated in the detailed implementation work plan for Year 4.

This quarter marked a transitional time for the Philippine TIPS project, as USAID began exploring concrete ideas and priorities for Year 4 of project implementation. While we are considering an option year in our current work, we cannot commit resources until the contract modification is signed and additional funds are obligated by USAID. This has posed certain difficulties in our discussions with the project beneficiaries, partners, and grantees, but we were able to balance prior commitments with potential changes in the extension year. During the next quarter, the team will prepare and submit to USAID the initial work plan for Year 4, which will be based on the recommendations of the Mission, the results of the evaluation, and our vision for the consolidation and dissemination of the Philippine TIPS activities.

SECTION V

Next Quarter Targets

Year 3	Targets for 11 th Quarter
<p><i>Establishing baseline data on success rate.</i> Complete the ongoing KAP survey and conduct a similar post intervention survey within the third year if the option year is not exercised.</p>	<ul style="list-style-type: none"> • Present KAP study to Philippine TIPS staff and USAID • Disseminate KAP study findings to key stakeholders • Harmonize Philippine TIPS PMP indicators with those of USAID
<p><i>Task 1: Enabling environment.</i> Implement policy reform agenda on PDF, TB patient rights, quality assurance, and TB/HSRA operational guidelines.</p>	<ul style="list-style-type: none"> • Finalize PDF design and development of its monitoring instrument • Conduct policy workshops to validate the proposed TB policy agenda • Sign covenants with the PCR, PAMET, PSP, and NRL groups for DOTS quality assurance • Assist DOLE in launching the department order and signing of covenants with employers' groups • Monitor Rotary Club of Makati's Stop TB accomplishments
<p><i>Task 2: Operations research/model development.</i> 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</p>	<ul style="list-style-type: none"> • Continue PDI implementation in 7 sites • Revise IEC materials and training modules for PDI saturation in 3 sites • Complete SPN testing protocols • Conduct SPN training • Conduct baseline assessments for PPMD enhancement and improved quality
<p><i>Task 3: Model enhancement.</i> Develop implementation plan for Philippine TB center of excellence</p>	<ul style="list-style-type: none"> • Distribute PPMD replication guidelines to PPMD grantees

Year 3	Targets for 11 th Quarter
<p>Task 4: Model replication. Monitor and provide TA to the DOTS Fund Program, continue support to the PhilCAT CDC models, and monitor the workplace models</p>	<ul style="list-style-type: none"> • Continue technical assistance and financial support to the 20 PPMD units • Conduct year-end evaluation and assessment of grantees • Strengthen monitoring and evaluation based on catch-up plans • Implement technical assistance to PhilCAT/CDC models • Examine extension of technical and financial assistance to 20 PPMD grantees into Year 4 • Assess business plan and financial management capability of the grantees, aiming at operational sustainability • Implementation of the workplace and workforce models • Scale up workforce/workplace replication in other targeted companies
<p>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, prepare a manual for the self assessment of applicants for certification.</p>	<ul style="list-style-type: none"> • Monitor MTBEA2 grantees • Design DOTS continuity program • Sign MOA with APMC and PCR • Develop DOTS core curriculum for allied health professional schools • Generate commitment and MOU with allied health school associations • Implement TB DOTS summit for medical schools • Develop DOTS-Engaged Physician Training • Conduct training for the six professional societies • Conduct DOTS assessors' training • Disseminate <i>Certification User Guide for DOTS Center Applicants</i> • Provide technical assistance to PhilHealth and the DOH NTP/Sentrong Sigla
<p>Task 5C: Communications. Concretize ICS and BCC strategy; continue support for project communications and advocacy and for communication requirements of other tasks</p>	<ul style="list-style-type: none"> • Provide social marketing and communications support to PPMD units focused at improving referrals from MDs who see TB patients within their catchment sites • Conduct evidence-based BCC interventions to help increase the number of DOTS-engaged MDs in project sites • Develop disease-specific IEC materials to support patient education and DOTS promotion work of providers • Continue to provide communications support to project tasks and DOTS models • Disseminate project results and lessons learned to the national and international TB community through success stories, coordinating new exchange among partners, publications, special events, and documentation of best practices.

Year 3	Targets for 11 th Quarter
Task 6: Finance. 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"> • Complete BPFM guidelines for PPMDs • Develop feasible PPMD financing schemes • Begin TB Financing Framework activities • Submit the scope of work and begin activities under the PhilHealth technical assistance plan
Project management. Continue assistance to PhilCAT OD, prepare project transition plan to PhilCAT.	<ul style="list-style-type: none"> • Continue to provide targeted OD assistance to PhilCAT

SECTION VI

Financial Summary

Omitted for submission to DEC. Available upon request.

SECTION VII

Annexes

Annex A

Indicator/Definition	Baseline Value	Actual Value for Year 1	Actual Value for 10 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)

Annex B

City Municipality	Population of City/ Municipality	New Sm (+) Cases De- tected by the CHO or MHO for Q1-Q4 2004	New (+) Case Detected by PhilTIPS PPMD Units July -Dec 2004	Addtionality	Increment CDR
Laoag	94,466	30	9	30.00%	9.39%
Dagupan (Man- galdan & Calasiao also included)	318,270	285	22	7.72%	6.81%
Cabanatuan	222,859	137	11	8.03%	4.86%
Angeles	268,362	83	5	6.02%	1.84%
Quezon City	2,000,000	1657	47	2.84%	2.32%
Manila (UST/ Ca- nossa)	1,525,568	1896	32	1.69%	2.07%
Bacoor	476,918	261	16	6.13%	3.31%
Batangas	269,044	152	14	9.21%	5.13%
Naga	147,652	285	4	1.40%	2.67%
Tacloban (Care- meds/ RTRH)	189,929	185	4	2.16%	2.07%
Puerto Princesa	177,667	129	13	10.08%	7.21%
Roxas	131,480	233	9	3.86%	6.74%
Iloilo			19		
Cebu	784,729	806	34	4.22%	4.27%
Zamboanga	680,486	670	21	3.13%	3.04%
Davao (HMRG/ PATHS)	1,218,000	997	65	6.52%	5.26%
Cotabato	100,000	337	10	2.97%	9.85%
	8,605,430	8143	335	4.11%	3.84%

Annex C

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