

PHILIPPINE TIPS
(TUBERCULOSIS INITIATIVES FOR THE PRIVATE SECTOR)

FIRST ANNUAL WORK PLAN

Covering 15-Month Period:
Operating year October 1, 2002 – September 30, 2003
Additional Quarter of October 1, 2003 – December 31, 2003

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ACRONYMS

| | |
|---------|---|
| BOA | Basic Ordering Sgreement |
| BOD | Burden of Disease |
| C&M | Clapp & Mayne |
| CDC | Centers for Disease Control |
| CME | Continuing medical education |
| CTO | Cognizant technical officer |
| DOH | Department of Health |
| DOT | Direct Observation Therapy |
| DOTS | Direct Observation Therapy – Short Course |
| GOP | Government of the Philippines |
| IEC | Information, education, and communication |
| IT | Information Technology |
| LGU | Local government unit |
| LOE | Level of effort |
| M&E | Monitoring and evaluation |
| MDR TB | Multi-drug resistant TB |
| MMC | Makati Medical Center |
| MOA | Memorandum of Agreement |
| NCDPC | National Center for Disease Prevention and Control |
| NCET | National Coalition for the Elimination of TB |
| NGO | Nongovernmental organization |
| NPS | National Tuberculosis Prevalence Survey (Philippines) |
| NTBC | New Jersey Medical School National TB Center |
| NTP | National Tuberculosis Program |
| OPHN | Office of Population, Health, and Nutrition |
| OR | Operations research |
| PACT | Philippine Advisory Council for TB |
| PAFP | Philippine Academy of Family Physicians |
| PBSP | Philippines Business for Social Progress |
| PhilCAT | Philippine Coalition Against Tuberculosis |
| PHN | Population, health, and nutrition |
| STTA | Short-term technical assistance |
| TB | Tuberculosis |
| USAID | United States Agency for International Development |
| UST | University of Santo Tomas (Philippines) |
| WHO | World Health Organization |

I. Overview

The first work plan of the Philippine TIPS Project ensures that the initial year of operations will set the stage and jump-start a stream of coherent activities that will contribute to attaining the overall objective of promoting DOTS in the private sector and achieving an 85 percent success rate¹ in TB treatment. During the first year of operations, we will:

- Establish the project's physical base and set up operation and management systems (accounting, procurements, grants, basic ordering agreements, monitoring and evaluation, and information technology).
- Establish relations with stakeholders in the Philippine TB Control community.

During this year, all six major project tasks will be launched, with initial outputs for most tasks achieved within the first six months. Highlights of these outputs will include the following:

- Burden of Disease analysis released
- Policy review and action plan developed
- Operations research (OR) agenda for TB finalized
- BOA holders selected and task orders issued
- Study of private practitioner trends for DOTS implementation in multi-specialty clinics completed
- Commence work on the review and assessment of viable DOTS models
- Core TB syllabus for schools and hospitals approved
- Certification criteria for DOTS providers established

We expect to begin making an impact on TB control service delivery by December 2003, when all the models identified in our proposal will have been demonstrated in an anticipated 8 areas.

A. Introduction

Objective. The goal of the project is to reduce the prevalence of TB in the Philippines. Specifically, it aims to increase the successful diagnosis and treatment of TB patients by achieving a success rate of at least 85 percent using DOTS through commercial private sector services. The project within its three years may not have significant quantitative impact on the national prevalence rate, since its focus is to build foundations, develop institutions and establish strategic and sustainable measures, towards a long term solution to reducing TB prevalence. The output aimed for by the project also underscores the improvement and standardization of the TB control and management using DOTS.

Tasks. There are six project tasks:

¹ In a meeting with USAID (Mr. Jed Meline and Dr. Cora Manaloto, CTO) last December 10, 2002 to discuss the draft workplan, it was agreed that success rate can also be used as the primary indicator for project performance. The latter, currently used by WHO and adopted by the Department of Health, is considered a more practical measure of progress toward TB control.

- *Task 1: Enabling Environment.* Policies, guidelines, and regulations revised and expanded to support appropriate, complementary DOTS implementation by public and private providers.
- *Task 2: Operations Research.* Best strategies identified to improve and expand DOTS implementation in the private sector.
- *Task 3: Develop/Create DOTS Models.* Private sector models developed, implemented, and assessed at regional or local levels.
- *Task 4: Replication of DOTS Models.* Best approaches/models are implemented and adapted in at least 25 strategic, urban cities/municipalities nationwide with a potential for replication beyond those 25 sites.
- *Task 5: Training, Certification, Communication.* Sustainability of all TB programs strengthened through improved teaching and training in medical schools and improved health-seeking behaviors of the public.
- *Task 6: Financing.* National health care financing schemes that strengthen private sector delivery of TB control and cure service developed and implemented. —

Deliverables. There are seven project deliverables, as stated in the contract. The first is an overarching deliverable that all tasks contribute to achieving. The remaining six correspond to each task listed above.

1. Baseline TB success/ cure rate data and a scale of measurement indicators of achievement of contract objectives.
2. 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.
3. Best strategies identified through OR to improve and expand TB DOTS implementation in the private sector.
4. Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication.
5. Best TB DOTS approaches/services models implemented in at least 25 strategic cities/large municipalities nationwide.
6. Teaching and training of TB DOTS conducted in medical professional schools and behavior change campaigns implemented to improve the health-seeking behavior of the public.
7. Appropriate guidelines and regulations are developed to promote necessary reimbursement program among private health groups.

In addition to the above, USAID in a meeting last December 10, 2002, indicated the need to present national baseline data on private physician's treatment behavior, particularly on knowledge, use or willingness to use DOTS. This is recognized by the team and will be considered in the Project monitoring and evaluation plan. The project will use secondary information and survey results generated by existing studies.

B. Approach to Work Planning

Chemonics immediately mobilized its designated deputy chief of party, Ms. Alma Porciuncula, upon official notice of award and startup date, October 1, 2002. Mobilization revolved around preparing a physical base of operations and mobilizing almost all technical staff for a startup workshop held in the first week of November. Our chief of party, Dr. Juan Perez, was also mobilized in October and given a weeklong orientation on corporate affairs and project startup. He also held initial meetings with U.S.-based subcontractors. The chief of party, deputy chief of party, and project administrator met with the USAID/Philippines Contracts Office representative and cognizant technical officer (CTO) in late October for an administrative/contract briefing. The startup workshop, supported by Chemonics home-office staff, provided orientation, team-building, project briefing, and work-planning opportunities for the immediate period of work. More intensive team and individual planning exercises in the following 10 days led to submission of this annual work plan for 2002-2003.

C. Integration with USAID/Manila's Results Framework

At the startup workshop, in consultation with Office of Population, Health, and Nutrition (OPHN) staff, we determined that which intermediate results of the Mission Results Framework is supported by each of TIPS' six tasks. Per Chemonics standard practice, we will link the project's monitoring plan accordingly, so as to be able to show how work under the project supports achievement of the Mission's health SO. In particular, in the M&E plan to be prepared in January 2003, we will link Intermediate Results (IRs) 2.1, 2.2, 4.2, and 4.3 project Tasks 1 to 6 (see large graphic entitled Relationships between TIPS Tasks and USAID/Manila's Results Framework for health). The graphic presents illustrative indicators of achievement for each task/IR, which will be further streamlined and finalized as part of the final M&E plan.

D. Coordination

The project field office has met with the Department of Health, particularly the secretary and the National TB Program staff. The project intends to join other USAID cooperating agencies working on related areas, such as ReachOut, which is tasked to undertake a campaign on de-stigmatization of TB; IDSCP, which does surveillance of infectious diseases including TB; CMS which is working on primary health certification of private doctors; and DKT on behavior change communication. On an international level, the project team has held initial discussions with World Health Organization (WHO) staff in Manila and some Geneva-based staff visiting Manila. Through project technical staff, links with Centers for Disease Control and Prevention personnel supporting other TB initiatives in the Philippines have also been established and will be maintained.

E. Strategic Approach

The following four pillars of the technical approach summarize the strategic direction of the project:

- Enhance and/or create market and demand-driven solutions.
- Leverage open society and media.
- Build on existing infrastructure and talent to foster sustainability.
- Maximize the mix of public-private problem-solving bodies.

The project seeks to achieve its objectives using market-based solutions derived from patient/client needs to ensure project activities are sustainable. Information on project outputs and policy advocacy activities will be released through mass media outlets that have been sensitized to the problem of infectious diseases, and TB in particular. Work already done on TB control will be evaluated and assimilated so that the project builds on existing infrastructure. Utilizing local expertise will be an immediate priority. We will involve the private sector in all of our deliberations. The Philippine Coalition Against Tuberculosis (PhilCAT) will be of special importance to the project as a venue and vehicle for coordination and assistance.

Relationship between TIPS Tasks and USAID/Manila's Results Framework for Health

SO: Desired Family Size and Improved Health Sustainability Achieved

IR 2: Provision of quality services by private and commercial providers expanded

IR 4: Policy environment and financing for provision of services improved

IR 2.1: Number of TB DOTS and FP service providers in the commercial Sector increased

Number of private providers actively participating in DOTS service provision and meeting protocol and quality standards

Task 3
Private sector models developed, implemented and assessed at regional or local level

Number of private DOTS models developed or improved at the regional levels
Number of private sector models evaluated and Recommended for replication
Handbook for implementation of DOTS in the private sector

Task 4
Best approaches/models are implemented and adapted in at least 25 strategic, urban cities/large municipalities nation-wide with a Potential for implementation beyond This 25 sites

Twenty-five sites adopting/implementing a model for dots service delivery by private practitioners
No. of organizational development activities Implemented w/PhiCAT.

IR 2.2: Quality of commercial sector Provision of TB DOTS and FP improved

Task 2
Best strategies identified to improve and expand dots implementation in the private sector

Number of OR studies and decision support solutions conducted for the identification of best strategies to implement dots in the private sector
Number of effective strategies identified for improving and expanding DOTS implementation in the private sector

Task 5
Sustainability of all TB programs Strengthened through improved Teaching and training in medical Schools, and improved health-seeking Behaviors of the public

Increased percentage of private health Practitioners Participating in DOTS services
Increased number of private TB patients participating in DOTS
Number of medical professional schools with revised syllabi that include a strong component of public health aspects of TB control and DOTS
Number of certified providers

IR 4.2: Appropriate legal and regulatory policies to promote provision of services established

Task 1
Policies, guidelines, and regulations Revised and expanded to support Appropriate, complementary Implementation by public and private providers

Number of policies and guidelines adopted to Encourage private sector participation in TB control
Increased participation of the private sector In the TB policy efforts

IR 4.3: Policies to mobilize financing and resources for key services established

Task 6
National health care financing schemes that strengthen private sector delivery of tb control and cure service developed and implemented

DOTS financing framework completed
PhilHealth TB benefit package reviewed and enhanced, and financing arrangements with insurance providers established
No. of DOTS models w/financing work-ups.

Legend: Illustrative Indicators*

*Indicators are subject to review, refinement, and modification during an ongoing M&E planning process.

II. Implementing Contract Deliverables/Tasks

This section highlights tasks and deliverables, assigns responsibility for each, and specifies resource requirements. It should be read in conjunction with the Gantt work plan chart (Exhibit 2) that enumerates major activities, responsibility, and timelines. Each deliverable is discussed according to the following format:

- Deliverable/task manager
- Overarching strategy/description of work
- Key activities to be undertaken
- Summary box with:
 - Indicators of achievement (revisions from the indicators cited in the proposal are based on an initial review and rationalization by the team; indicators will be finalized in January as part of the preparation of our M&E plan)
 - Measurement: TBD, to be defined in the M&E plan
 - Milestones for year
 - Partners
 - Major assumptions

Note however, that while the presentation of the indicators are done on a per task basis, there is a recognition that a number of performance indicators for these tasks will actually be achieved through combined inputs from other tasks and synergistic results of efforts. We note for instance an overarching indicator for all tasks is increased number of private practitioners using DOTS.

Deliverable A — Baseline TB cure rate data and a scale of measurement indicators of achievement of contract objectives

Deliverable/task managers. Chief of Party Dr. Juan Antonio Perez and, Health System Advisor Dr. Marilou Palabrica-Costello

Overarching strategy/description of task

Monitoring and evaluation (M&E) is integral to developing results-based management systems. The project M&E system will be designed bearing in mind four basic principles:

- It is integrated into the overall management system.
- It is streamlined, practical, and focused.
- It is intended to provide information to front-line managers.
- It is responsive to reporting requirements.

The task involves the design of an overall performance monitoring system to track the quality and timeliness of project deliverables. Key to reckoning whether the overall project deliverable of achieving an 85 percent success rate in the private sector is accomplished is determining the basis for comparison, i.e., the baseline cure/ success rate data. This is therefore a major component of this task.

Key activities

Activity A1 — Preparation of an M&E Plan. The proposal outlines 39 indicators corresponding to deliverables from project tasks. The team did an initial review, rationalization and consolidation of duplicative indicators. As a result thereof the indicators as presented in this workplan were reduced to 16. We anticipate that these indicators will be reviewed further by the team and USAID, with the goal of simplifying and streamlining them. The M&E plan will facilitate this process. The following steps outline preparation of the M&E system:

- Identify management, reporting, and information technology (IT) needs.
- Prepare a draft monitoring plan in consultation with USAID, particularly to determine indicators and units of measurement.
- Obtain stakeholder and customer feedback.
- Finalize the performance monitoring plan.
- Implement appropriate information technology tools.
- Analyze and use data.
- Identify priorities for evaluation. Evaluation system will be used to improve project planning and implementation processes.

An M&E specialist from the Chemonics home office is scheduled to visit the project in February to prepare the plan in consultation with the team and in conjunction with an IT specialist.

Activity A2 — Establishing baseline success rate and other relevant performance indicators. Baseline data will be measured in areas where the models will be implemented, as well as in areas where successful models will be replicated.

On USAID's request to also establish a national baseline on private physicians' treatment behavior, knowledge and use or willingness to use DOTS, the results of two studies, namely:

- Current Trends in TB Management by Private Physicians in the Philippines: A Survey in Five Private Health Settings. PhilCAT and Centers for Disease Control and Prevention, 2002; and
- Private Practitioners and Tuberculosis Control in the Philippines: Strangers when they meet? Medicos del Mundo Spain Tuberculosis Project in the Philippines

will be reviewed and if deemed representative of the national picture will be adopted as the baseline for measuring the increase in the number of private physicians doing DOTS.

A comprehensive set of indicators will be developed and used as basis for evaluating performance and project outcomes. A system of monitoring and information will be installed in each model development/replication site using short-term process and output indicators to allow for intermediate assessment of program performance, essentially putting in place a "flagging system." This will serve as a tool for making adjustments if necessary.

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 (IR 4.2)

Deliverable/task manager. Policy and Finance Advisor Prof. Emmanuel Leyco

Overarching strategy

Our approach recognizes the fundamental importance of political commitment — one of the five elements of DOTS — to the pace and content of revisions in policies, guidelines, and regulations to improve private sector participation in the control and treatment of TB. To build political commitment, we will:

- *Generate interest by disseminating information on socioeconomic impact of TB through a TB Symposium Series.* We will initiate the presentation of the Burden of Disease Study that will be publicized widely through a media event early on in the project and during project implementation to mobilize political commitment and support at the national and local levels.
- *Initiate a multi-stakeholder core group of policy advocates.* Through PhilCAT, we will initiate establishment of a core group of critical collaborators who can effectively influence national TB control policy. They will be involved in the review and assessment of the National Tuberculosis Policy and use the Burden of Disease Analysis as a basis for making TB control a top priority agenda. In the proposal, the idea was to organize immediately this core group into a Council to Strengthen Private Sector Participation in TB Control and eventually lobby with the President to issue an executive order converting the Council into a Commission. However, based on responses of identified council members after discussions with them on the matter, indicate that this approach is not viable at this time. Those invited to be part of a Council were mostly reluctant to commit to a membership, for various reasons, e.g., no clear policy agenda, have overlapping involvements. Nonetheless they indicated willingness to listen and continue discussions on collaborative activities within their areas of influence. In view thereof, the team together with PhilCAT's Policy and Advocacy Committee will pursue information dissemination and advocacy among the proposed council members through the TB Symposium Series, one-on-one meetings and run-up activities of the World TB Day celebrated on March 24. The team will continue to assess the viability of establishing a Council for TB policy advocacy.

Key activities

Activity 1.1 — Development of understanding and commitment to TB control and treatment through a Burden of Disease analysis. The Burden of Disease analysis will be conducted to generate fresh, reliable, and powerful information on the economic and public health impact of the TB epidemic. We anticipate the study will demonstrate TB reduction as a critical factor to reduce mortality and morbidity and enhance economic productivity in the Philippines. It will put

a human face on the disease and provide compelling grounds for concerted national action to institute immediate reforms for TB control.

The three-member study team is expected to deliver BOD the analysis in January 2003. The analysis will be presented to USAID in the same month, and to the council, and the public in February.

Activity 1.2 — Review NTP policies, guidelines, and regulations and develop action plan to strengthen private sector role in TB control.

Organize a TB Policy Core Group to Strengthen Private Sector Participation in TB Control.

PhilCAT with the existing National TB Summit Committee² will initially convene a policy advocacy core group to strengthen private sector participation in TB control. The core group will be the audience for the presentation of the burden of disease study, intended as a call for action. It will also be the audience for the discussion of the results of the TB policy assessment and the reform agenda. It will be the locus of the project's effort to generate awareness and support for TB control. After the completion of the policy assessment and establishing the policy reform agenda, an evaluation will be made by the team on whether these would best be achieved through a Council or to just maintain the core group as a lobby group and to work directly with the entities which have the mandate to effect the policy interventions.

The core group members invited are representatives of key stakeholder groups from community health care advocates, service providers, private business sector, labor, and government (see box).

TIPS together with PhilCAT's Policy and Advocacy Committee, will prepare the agenda and organize the discussions with the core group. One on one meetings have been conducted with core group members and the entire group will be brought together in February, in the first of the TB Symposium series, to launch to the Burden of Disease Study as well as discuss

Proposed Composition of the TB Policy Advocate Core Group

Government:
Secretary of the Department of Health
President of PhilHealth. As the country's foremost health care financing institution, PhilHealth plays a critical role in providing incentives to generate the resources needed for TB cure.

Private business:
Chair of the Philippine Chamber of Commerce and Industries. The biggest confederation of the business sector plays an important role in bringing DOTS to the workplace
President of the Kilusan ng mga Brodkaster sa Pilipinas. The media can play a significant role in bringing the TB epidemic to the policy agenda.

Labor:
Representatives of the Kilusang Mayo Uno and the Trade Union Congress of the Philippines. As a major stakeholder, labor needs to play a major role in determining the best course of action to fight TB.

Service provider:
President of Philippine Medical Association. As key players in treatment, doctors need to be involved at the earliest stage of the policy reform process.
President of Association of Health Management Organization of the Philippines. This association can put in place a TB benefit package.
Philippine Hospital Association. This association can help promote an integrated DOTS program and system of referrals in a hospital setting.

Patient groups or public health advocates:
PhilCAT (represented by the Head of the Advocacy Committee). As the largest coalition of major stakeholders, PhilCAT plays a pivotal role in mustering the political will and commitment and providing the leadership in the technical aspects of the fight against TB.
[TB patient advocates group]

² The TB Summit Committee was created through Department of Health Order 79-B, s.2002, in February 26, 2002. Its task was to formulate a TB policy framework and to organize a TB summit, involving the public and private sector representatives to reach a consensus on the policy framework and to coordinate various TB-related initiatives. The summit was originally scheduled to take place during the 2002 National TB Day.

international perspectives and experiences on public private partnerships in TB control. The latter will be presented by internationally recognized TB experts, from WHO and NTBC. A press briefing will follow the symposium to position the BOD launch to draw maximum attention to the socioeconomic toll of the TB epidemic while highlighting the potential of the policy advocate group to stop it from continuing to wreak havoc.

Hold study tour for key policy reform executives on best practices and approaches to private sector participation in TB control and treatment. A study tour will be organized to orient the policy executives on effective strategies to promote private sector participation in TB control, particularly the use of DOTS, and financing and structuring of national TB programs. Inputs on effective policies and regulations that enable effective DOTS replication will also be provided.

The study tour may include: local DOTS centers and to the National TB Center in Newark, New Jersey, Washington, D.C., for meetings with TB policy advocates, or other international sites deemed appropriate by the team. The combination of local and international study tours will highlight achievements in practicing DOTS and provide a model Filipinos can aspire toward in the future. The dates of the study tour will also be decided later, and scheduled at the most opportune time to create the most impact, when a clear agenda has been established.

Develop action plan for strengthening private sector participation in TB control. A set of policy action plans will be developed and strategic interventions identified at key areas and levels of government, including training, financing, and delivery of DOTS services. Such policy action plans will build on the results of the TB Burden of Disease analysis, the current National TB Program policy framework, and the policy gap review to be conducted by project policy consultants.

The team will also assess the responsiveness of the Health Sector Reform Agenda to TB control and examine health care financing trends and their impact on the behavior of health care providers. The assessment will focus on policy areas that directly affect service delivery, financing mechanisms and protection of TB patients' rights.

Ad hoc working groups within the policy advocacy core group and potentially the Council if established will be organized:

- Treatment protocols and quality assurance
- Provider training and certification
- Lab infrastructure
- Drug procurement and logistics
- Monitoring and evaluation
- Financing (including government subsidies, insurance, and user fees)

Each of the above is presumed to affect incentives for the private sector to become a significant force in TB control. Thus, the findings and analysis will be incorporated into a broad policy and regulatory modification process in conjunction with the Department of Health and other national government agencies. Specific policy change targets will be identified and organized according to level (institution or agency) and sequence (first year, second year).

By March, the consultant team is expected to complete its policy assessment and submit it for review. TIPS, after its presentation to USAID, will involve in the review the TB policy core group. The group will be invited in a TB summit, where the TIPS policy agenda will be presented, as well as the BOD. A highlight of the summit is the ratification of TB policy guidelines earlier prepared by PhilCAT, DOH, and a multi- government agency and some private stakeholder groups like ECOP. The TIPS policy agenda shall complement the policy guidelines and together will form a comprehensive package of policy reforms. The TB Summit is a major activity leading to the celebration of the World TB Day on March 24. The celebration will be held in Malacanan and occasion this with the release of policy pronouncements and action plan for TB control.

Activity 1.3 — Begin implementation of Policy Action Plan. To provide support for implementation, the project team, coordinated by the policy and financing advisor, will draft a Project Convergence Document for Policy Action that identifies areas where the Action Plan requires support from various project components. Further studies as may be determined by the TIPS and policy assessment team, will be commissioned to expedite Action Plan implementation.

As a result of new inputs from the policy studies, work groups, the TB policy core group or the Council if established, and the Anti-TB Summit, new tasks and responsibilities will be integrated into the work plan of the project team.

Should there be a determination to organize the Council, monthly meetings therewith will be scheduled to monitor progress of Action Plan implementation and take timely action as necessary.

Activity 1.4 — Analysis in support of DOTS policy initiatives. Beyond the calculations required as inputs for the Burden of Disease analysis, the policy agenda will be supported by specific financial and economic analysis presented as ad hoc briefing notes. The number, scope, and timing of these briefing notes will be determined in coordination with the policy and regulatory modifications undertaken under Activity 1.2 and will probably include:

- Estimates of costs of TB/DOTS program expansion for targeted programs such as community DOTS, cooperative-provided DOTS, programs for uninsured, etc.
- Benefits/cost analysis for each target group (insurers, local government units, employers, cooperatives)
- Assessment of drug costs and strategies to lower cost (through combined purchasing, subsidized purchases, etc.)
- Potential to introduce TB-specific tax incentives to businesses, such as tax credits for funds spent on workplace DOTS or TB coverage policies purchased as riders to covered workers

These will be carried out on an intermittent basis at the same time that policy reforms are being tackled.

Indicators:

- Number of policies and guidelines adopted to encourage private sector participation in TB control
- Increased participation of the private sector in the TB policy reform efforts

Measurement:

- TBD, based on the M&E Plan

Milestones:

- Burden of Disease analysis
- TB Policy Core Group or Council (if deemed necessary) convened
- Policy assessment report
- Action Plan for Strengthening Private Sector Participation in TB Control Policy
- Action Plan adopted in TB Summit
- Detailed policy action plan adopted as part of the project team's updated annual work plan covering Months 7-12.

Partners:

- PhilCAT
- Department of Health
- TB Policy Core Group

Assumptions:

- For policy research outputs, data quality and availability of original data sets for manipulation will constrain the depth of analysis.
- Effectiveness of Council/Commission hinges on level of commitment and availability of members.
- Advocacy will be a major factor for policy adoption and implementation.

Deliverable C — Best strategies identified to improve and expand DOTS implementation in the private sector

Task 2. Operations Research and Related Studies

Deliverable/task manager. Health System Advisor Dr. Marilou Palabrica-Costello

Overarching strategy/description of work

Clearly each task will have to contribute to the development of best strategies for DOTS implementation. The end result should be an effective DOTS implementation structure supported by conducive policy environment and viable financing scheme.. The design of interventions whether it be on DOTS model development, improving the quality of diagnosis and service delivery, institutional strengthening e.g., training , module development or certification, communications or policy formulation, is best undertaken and anchored on a deep understanding of the supply and demand for TB services delivered through the private sector. OR has a critical role to play in this project to inform private sector DOTS models with reliable, evidence-based

Generic OR Methodology

- Identify problem.
- Develop solutions
- Testing solutions/interventions
- Assessing /evaluating of interventions
- Dissemination of OR results
- Utilization of findings to improve or upscale programs.
- Formulate research objectives.
- Establish hypothesis.
- Apply appropriate research design.
- Conduct data collection.
- Analyze the data.
- Apply results to improve operations.
- Disseminate experience for DOTS models.

information to identify and provide solutions to key management and operational problems and enhance program effectiveness.

A wide range of management and operational issues need to be addressed by OR. There is a dearth of reliable information on what may work in expanding and improving private TB services in the Philippines. In addition to identifying solutions to complex operational problems, the private sector faces numerous operational issues that provide opportunities for decision support but may not require a full OR study. We will develop and apply OR analyses to address these concerns, as well as to support and enhance decision-making in the other task areas: informing policy changes, determining the productivity and efficiency of DOTS models, analyzing the best way to scale up, and determining the most cost-effective and sustainable financing charges.

To ensure a practical, operational approach, the health systems advisor will form an *OR Working Group* to serve as a public-private reference group helping guide the TIPS OR program.

Key activities

Activity 2.1 — Develop a durable OR agenda and ongoing mechanism for public-private input. Topics identified during earlier discussions with TB experts from existing private sector DOTS models implemented in the Philippines provide a good beginning toward developing a preliminary OR agenda. The preliminary list of topics is summarized in the table on the following page. To refine this and create a more durable list, a set of preparatory activities will be undertaken for the team to better understand the operational impediments to private sector models. A general orientation on TB DOTS in the private sector will be conducted by the technical coordinator and attended by members of the TIPS team. Field visits to TB DOTS sites such as MMC, MCH, Cavite local coalition center, University of Santo Thomas (UST), FriendlyCare, and the Unilab clinic will be organized for team members.

OR Working Group. The HSA will identify individuals who can serve as members of the OR Working Group, which will be composed of TB management and behavior experts from both the public and private sectors. The group will help refine our criteria for selecting OR topics, create the OR agenda using these criteria, ensure that the OR program remains focused on operational issues, and, very importantly, that the results of OR are integrated into the private sector DOTS models throughout the Philippines.

Group membership will include the TIPS team, with participation from PhilCAT, DOH, USAID, WHO and JICA. The OWG will be organized in December and convened by January. The HSA will present the initial list of OR topics to the Group. During this first meeting the working group will have refined and finalized OR selection criteria, recommended an initial set of OR activities and set a meeting protocol on frequency of meetings, content, decision-making etc.

In addition, and on an ex officio basis, the Chemonics, Clapp & Mayne and NJ Medical School National TB Center will provide ongoing comments and assistance in developing OR topics, reviewing study protocols and disseminating results. This arrangement will allow us to avail of TB expertise, OR and management of practical field projects in the Philippines and elsewhere.

Identified Operations Research Topics

| Topic Clusters | Priority Issues |
|--|--|
| <p>TB DOTS Management System</p> <ol style="list-style-type: none"> 1. Supervision 2. Recording and reporting/(MIS) 3. Monitoring/ and Evaluation 4. Logistics and Drug Supply 5. IEC /Information giving 6. Referral System 7. Detection and Caseholding | <p>Current DOTS supervision practices in different pilot sites and settings and associated effects on adherence and cure rates (1, 7)</p> <p>Adequacy of SDP/provider recording and reporting system and feasibility of aggregating and linking Facility-based data to national TB registry (2)</p> <p>Potentials and actual utilization of SDP recording system (TB treatment registry, TB Diagnosis registry) for program management (2)</p> <p>Cost analysis of setting up a functioning MIS in SDP/ and laboratory (2)</p> <p>Appropriateness of tools (if existent) for diagnostic/evaluative assessment and use of TB management using DOTS for different settings (1)</p> <p>Comparative patient adherence associated with different types of treatment partner arrangements (family member, clinic personnel, BHW, other outreach arrangements) at different settings (rural and dispersed, highly urban, etc) frequency of follow-up; different procedures for patient clinic visits (daily, weekly, monthly).(7)</p> <p>Differential KAP of cured, defaulters, adherents and non-adherents (3)</p> <p>Clinical practices to deal with side effects of drugs, and assess its relationship to non-adherence and incidence of default. (7)</p> <p>Efficiency (detection rates, adherence, completion success) of various PPM arrangements (6, 7)</p> <p>Program performance in different hospital models (with and without interdepartmental referral system) and extent of functional linkages between physician and lab technicians (6)</p> <p>Logistics issues related to drug supply in different DOTS facilities with a view towards optimizing distribution amounts and frequency for DOTS programs (4)</p> <p>IEC materials and activities provided by SDPs/physicians and client KAP (5)</p> <p>Different arrangements of shared resources – private access to public health labs and public outsourcing to private labs (highlighting best practices)</p> <p>Efficiency of different referral systems (SDP with laboratory diagnosis; between physicians; between and within SDPs) (6)</p> <p>Optimum distribution of microscopy centers: efficiency of local, district and regional specimen collection and shipment based on personnel, transportation and other resources and processing quality (6)</p> <p>Strategies for increasing TB detection in the community (7)</p> |

| | |
|---|---|
| <p>DOTS SERVICE DELIVERY</p> <ol style="list-style-type: none"> 1. Treatment Protocols 2. Adherence 3. Quality Assurance/Care 4. Laboratory resources 5. Information giving/counseling | <p>Quality of client- provider interaction (CPI) and types of information/messages given to different types of clients (6)</p> <p>Current TB management and follow-up practices in public and private facilities - hospital, RHU, BHS, clinic (group practice, local coalition, work-based, single practice, etc)- at different settings (urban, rural) in the country (1, 2)</p> <p>Extent of private physicians countrywide treating TB using various management (DOTS and non-DOTS) (1, 2)</p> <p>Strategies to improve attitudes toward and adherence to standard DOTS protocols by private providers. (2)</p> <p>Effects of different types of :</p> <ul style="list-style-type: none"> • of incentives (meals, transportation) • convenience (shorten travel distance, delivery to work places, etc.) and • reminders (by phone or text, written reminders) <p>upon adherence and treatment outcomes among TB patients (2)</p> <p>Cost efficiencies, effectiveness (decreased defaulters, adherence and success rates) and quality of care of various treatment protocols taking account client's perspective (3)</p> <p>Types of TB management (and various health-seeking behavior) practiced in upland areas especially inhabited by indigenous people and other marginalized groups (1)</p> <p>Strategies to improve attitudes and adherence of TB patients to TB regimen (including health seeking behavior) (2)</p> <p>Effects of financing by HMOs upon provider adherence to DOTS protocols (2)</p> <p>Quality of microscopy in SDPs and referral centers (3)</p> <p>Effect of monthly versus end-of-course treatment (or other configurations) upon physician adherence with TB case management protocols (1, 2)</p> |
| <p>DOTS training and certification</p> <ol style="list-style-type: none"> 1. Training needs of providers 2. Training curricula/modules 3. Frequency 4. Certification 5. Training programs | <p>Training needs and technical competence of service providers (physicians and laboratory technicians) practicing throughout the country.(1)</p> <p>Content appropriateness, accuracy and adherence to NTP standards of existing and proposed DOTS training modules/curricula in medical schools and medical technologists and accredited training institutions (RITM, DOH, PGH, PhilCAT) for practicing TB service providers (including training modules for laboratory technicians) (2, 5)</p> <p>Effectiveness of proposed/existing training modules in enhancing knowledge, attitudes and practice of private service providers, including laboratory work in DOTS treatment.(2)</p> <p>Optimum number of periodic refresher training for maintenance of best skill levels among physicians and lab technicians for using DOTS (3)</p> <p>Minimum requirement for certification of DOTS providers and facilities nationwide and procedures for linking to PhilHealth requirements (4)</p> <p>Adequacy of existing Continuous Medical Education programs in the country. (5)</p> |

| | |
|---|--|
| <p>TB and DOTS Financing</p> <ol style="list-style-type: none"> 1. Purchasing 2. Logistics/distribution 3. Fund management 4. User fees | <p>Cost-efficiency of different mechanisms for purchasing/distributing drugs(1,2)</p> <p>Testing the transfer of budget to local groups in the community (3)</p> <p>Market segmentation studies to determine ability to pay and referral (4)</p> |
| <p>Model Development</p> <ol style="list-style-type: none"> 1. Current practices/models 2. Trends in private practice 3. Group practice 4. Single practice 5. school 6. hospital 7. work-based 8. pharmacy 9. local coalition 10. church-based/NGO | <p>Assessment of existing functioning public and private set-up (workplace; hospital; clinic etc. (measuring adherence, success rate) and public set-up- RHU and Hospital) and quality of care, patient satisfaction, financial sustainability, etc. (1)</p> <p>Trends in private physician’s practice (2-7)</p> <p>Strategies/practices commonly adopted by private physicians (2-7)</p> <p>DOTS model or strategy that best fits hospital, school setting and pharmacy/drugstore (5, 6, 8)</p> <p>Documentation of strengthened DOTS in hospital setting, identifying elements that worked.(6)</p> <p>Documentation of PPM local coalition experience in Cavite (9)</p> <p>Assess and document Friendly Care experience (3)</p> <p>Church- based and other initiatives in DOTS implementation in the community (use of parish volunteers, include health modules with TB messages in pre-Cana conferences, German Doctors’ community approach with hospital links) (10)</p> |
| <p>Communications and advocacy</p> <ol style="list-style-type: none"> 1. De-stigmatization 2. KAP 3. Audience analysis 4. Advocacy partners | <p>Role of faith-based organizations in TB de-stigmatization, and community involvement in TB management (1)</p> <p>Rapid Field Assessment (RFA) of provider and client knowledge, attitudes and misconceptions about TB, and perceptions about service availability (results will be the basis of communication strategy) (2, 4)</p> <p>Information needs of different audiences: policy makers, program managers, service providers, and community at large (3)</p> <p>List of different groups involved in TB advocacy and the location nature of their work throughout the country (4)</p> |
| Other Potential OR- related Tasks | |
| <ol style="list-style-type: none"> 1. Review NTP policies, guidelines, and regulations and develop action plan to strengthen private sector role in TB control. 2. Analyses in support of DOTS Policy Initiatives-financial and economic analysis. 3. Cost estimation of TB-DOTS program expansion for targeted programs such as community DOTS, cooperative provided DOTS, programs for the uninsured, etc 4. Cost benefit analysis for each target groups (insurers, LGUs, employers, cooperatives); 5. Assess TB-specific tax incentives to physicians, businesses e.g. tax credits for funds/activities spent on workplace DOTS, or TB coverage policies purchased as riders to covered workers. | |

Initial OR selection criteria. We list the following initial selection criteria for choosing OR study topics, which will be finalized by the OR Working Group.

- *Relevance* — The study should directly contribute to operational objectives of enabling, informing, or enhancing DOTS coverage, effectiveness, or operations in a high-priority activity area, identifying and mitigating constraints to creating incentives.
- *Impact* — The results should enable the project (or the private sector generally) to reach more people and to improve completion/cure rates.
- *Feasibility* — The study requirements should be relatively simple in terms of data acquisition and analysis and ease of getting study results, and with a very high probability of achieving the desired results.
- *Time* — Results must be obtained on time to enhance project activities.
- *Cost* — The study must be appropriately scaled in terms of direct cost and opportunity costs.
- *Necessity* — The resulting information should not be easier to obtain by some other source or method.

Recommendations of the OWG will be considered and a final decision will be made on the prioritization of OR study topics by the health system advisor, technical coordinator, and deputy chief of party by the first week of February 2003.

Activity 2.2 — Implement OR studies to identify and solve service delivery problems and support and enhance decision making in DOTS program.

OR studies will be primarily carried out through BOA sub-contracts with local entities (universities, consulting firms, research institutes, etc.) following a competitive award process. Through this approach, we will help develop broad-based capability in the country to carry out OR for TB.

Starting in November, the guidelines and RFP for BOA contracts will be developed, with the assistance of Chemonics home office. Opportunities will be advertised and RFPs issued at the beginning of January, to be followed shortly by a pre-bid conference. Based on a 30-day turnaround for submissions, we will award BOA contracts to local entities by the first week of March, evaluated according to selected criteria publicized in the BOA procurement procedures, which will include technical, personnel, and cost specifications.

Assuming an average of 4 months per OR study (with a range of 2-6 months), we expect to launch approximately two OR studies per trimester and carry out approximately 5-6 studies per year. We estimate each study to cost \$20,000 on average.

The health system advisor, along with the technical coordinator, will be responsible for evaluating the research and TB-related technical content of each proposal, overseeing the technical work of each BOA holder, and assigning responsibility for decision support solutions.

Indicators:

- Number of OR studies and decision support solutions conducted for the identification of best strategies to implement DOTS in the private sector
- Number of effective strategies identified for improving and expanding DOTS implementation in the private sector

Measurement:

- TBD based on the M&E Plan

Milestones:

- OR implementation mechanisms in the form of BOA contracts established with selected local institutions by end of Month 5 that allows multiple studies to be carried out at any given time and creates several centers of capability in OR for TB
- Highest-priority OR topics agreed through a public-private consultation process by end of January
- 3-4 OR studies completed in Year One
- 10 decision support solutions provided in Year One
- 15 OR studies completed by Year Three
- Information/lessons learned on improving private sector provision of TB DOTS utilized and disseminated

Partners:

- OR Working Group, DOTS models, BOA holders

Assumptions:

- OR studies will shorten the development curve for the replications of DOTS models, thus ensuring efficient use of grant resources

To ensure quality and timely feedback, continuous field monitoring visits by the health systems advisor and, if necessary, an OR assistant (STTA) will be arranged. Another objective is to ensure that early findings and lessons learned are immediately shared and fed back into implementation of the TB DOTS models (without having to wait until the studies are completed) that are being tested or developed during this period.

For each study, reports will be prepared to suit the particular audience for whom they are intended — e.g. study updates, policy briefs, and executive summaries in reader-friendly formats. The communications advisor will support this activity, as well as other related, scheduled OR dissemination activities. We will also disseminate the results via journal publications and local and international presentations.

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

Task 3 — Private Sector models developed, implemented, and assessed at regional or local levels (IR 2.1)

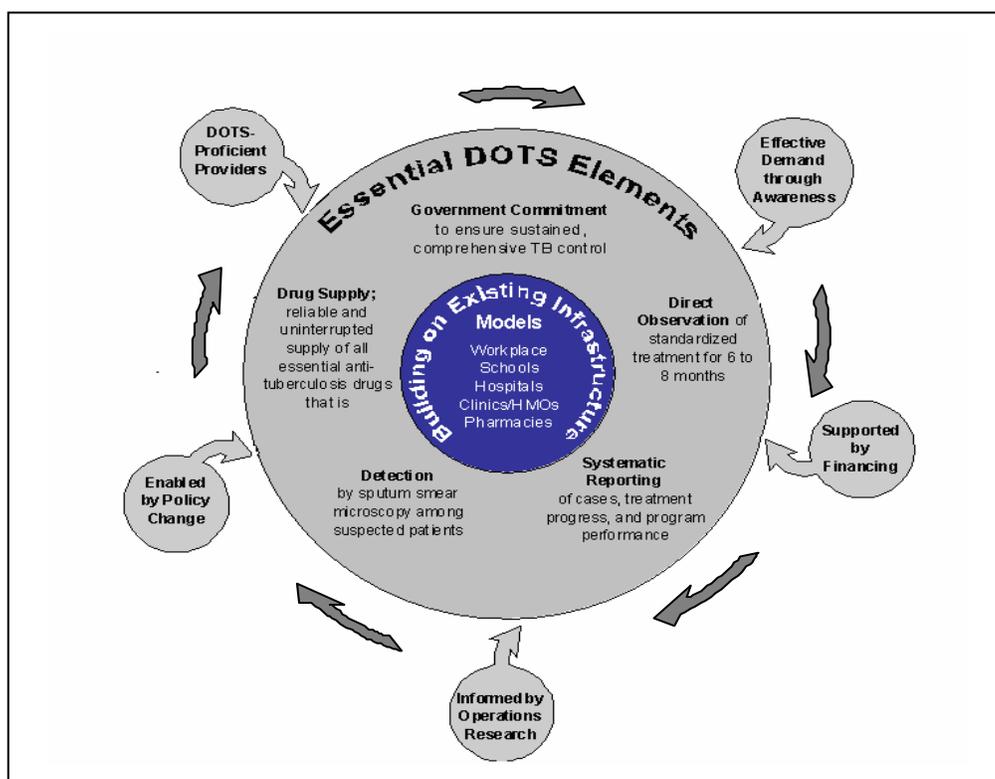
Deliverable/task manager. Technical Coordinator Dr. Rodrigo Romulo

Overarching strategy/description of work

Our strategic framework for developing private sector DOTS models can be summarized as follows:

- Build on existing infrastructure and develop models in which high completion rates are likely, use of resources is most efficient (or cost effective), there is high potential for replicability and sustainability, and there is a wide reach of clientele i.e., settings that already treat TB or are frequented by people with TB: such as private clinics, hospitals, schools, workplaces, and pharmacies.
- View the five elements of DOTS as a formula wherein political commitment is a requisite and the other four elements (labs, drugs, DOT, and reporting) can be organized as a public-private partnership, with particular roles for the public and private sector defined by what works best in a specific locale for the provision of labs, treatment, drugs, and record-keeping.
- Promote management system that bridges the services provided by the NTP and the private sector for each patient, with the objective of optimizing use of resources by ensuring no duplication of roles and assigning roles to the party most efficient in performing them. This function serves as the pivot point, tying together key elements of DOTS: accessible drugs, DOT (often through a designated “partner” that reports in to the case manager), record-keeping and central reporting to the NTP coordinator. This management system ensures a patient’s drug supply, completion of treatment, and successful outcome in the private sector while networking with the existing NTP structure.

Optimal Models for Replication within a DOTS Framework



- Optimize private sector resource generation, including reducing reliance on the public sector for drugs and screening for ability to pay of patients
- Recognize the role of incentives and enablers for ensuring patient and private provider treatment completion; also recommend set-ups to minimize operating cost of DOTS providers or out of pocket costs to patients availing of DOTS services (e.g., by reaching people in convenient places and eliminating travel costs).
- Organize replication and identify leadership through a competitive grants process.

The following matrix summarizes our approach to developing each of the five DOTS models, following which additional detail is provided for each model. For each of these models, the spectrum of private sector participation will be assessed and optimized in the design, to the extent practicable and sustainable. For example, in existing models where the supply of drugs is provided free of cost by government, a screening system may be introduced to determine the ability of patients to pay (e.g. membership in PhilHealth, Insurance coverage) for services.

Moreover a basic consideration in the model development is underscored: the intent is not to limit the design to complete and stand-alone DOTS centers. In some settings such as schools or pharmacies, twinning or complementation of functions following the five DOTS elements will be necessary. For instance schools may provide treatment partners and may perform case holding and reporting but will rely on clinics and laboratories for the diagnosis and prescription of drugs.

Settings for model development will also not be limited to those listed below. The team will continue to explore and leverage support from other groups, such as NGOs or faith-based organizations.

DOTS Models

| | Model | Existing Example(s) | Approach |
|---|--------------------|---|--|
| 1 | Workplace | <ul style="list-style-type: none"> • Companies located in Cavite* | PBSP as lead |
| 2 | School | <ul style="list-style-type: none"> • None, needs to be developed | BOA work order and NTBC STTA. |
| 3 | Hospital | <ul style="list-style-type: none"> • Makati Medical Center • UST Hospital • Manila Doctors Hospital* | Develop MDH model and try to effect as universal policy for whole hospital. |
| 4 | Clinic | <ul style="list-style-type: none"> • Cavite* local coalition • FriendlyCare group practice | Document for replication. |
| | | <ul style="list-style-type: none"> • Unilab* corporate-sponsored clinic | Document approach used and disseminate guidelines for replication to corporations. |
| | | <ul style="list-style-type: none"> • PhilAmCare* HMO | Develop PhilAmCare model. |
| 5 | Drugstore/pharmacy | <ul style="list-style-type: none"> • None, needs to be developed | Partner with Mercury Drug and/or Drugstore Association of the Philippines. |

* Receiving CDC funds for development through PhilCAT

Overarching tasks

Given below are overarching tasks to develop the DOTS models:

- A study of trends in the private physician's practice that affect model feasibility, such as willingness of physicians to form group practices, join HMOs, be accredited by

PhilHealth, and do DOTS. This will be addressed through a two-week rapid appraisal study under a BOA in March 2003, with the involvement of the communication advisor, technical coordinator, and health system advisor.

- For new models e.g., workplace, school-based and pharmacy based, undertake rapid diagnostic appraisal; the appraisal is akin to a pre-feasibility level of analysis and will provide recommendations on whether or not to proceed and if yes, what is the best structure for the model. Hence the completion of this appraisal will be a decision point before the activities outlined in the sections for the development of new models are pursued.
- For existing models, develop a situation analysis framework that will draw strengths and weaknesses of existing designs
- Develop an assessment methodology that can be used to evaluate the performance of pilot models. It should address technical aspects of DOTS (adherence to DOTS policies and guidelines, standard DOTS outcome indicators, e.g. cure rates, completion rates), quality of care, patient satisfaction, financial analysis/sustainability, and replicability. This task is primarily led by the health systems advisor and technical coordinator, with support from BOA holders. However, the BOA holder which will develop the assessment methodology, will be precluded from carrying out the assessment.

Approach to developing each DOTS model

A. Workplace

1. Examine current workplace DOTS effort and determine integration with Philippine Business for Social Progress (PBSP) effort. Factor this into the rapid diagnostic appraisal.
2. Develop workplace model, using the following approach:
 - Develop program packages, namely:
 - a. *Assessment package* that shall provide baseline information on the TB incidence in the target sites and resources available, as well as provide basis for determining demand for program options;
 - b. *Education/Training package* that shall build the capacity of project stakeholders in managing options for a workplace DOTS initiative;
 - c. *Advocacy package* that shall be targeted to both management and employees to ensure the appropriate attitude and workplace culture towards TB;
 - d. *On-site patient management package* that shall ensure the proper protocol for DOTS-based treatment
 - e. *Referral package* as an alternative for companies which opt not to undertake on-site patient management; and
 - f. *Monitoring and evaluation package* that shall track the progress of the entire aspect of the program, with emphasis on assessing replicability potential.
 - Select potential pilot sites using the following criteria:

- a. demonstrated willingness to participate in the program
 - b. presence of a potential DOTS in the workplace champion
 - c. located in an area where a functioning DOTS facility is in place
 - d. strong corporate social responsibility program/ community relations (this will make it easier to share the experience with other companies)
 - e. sites will be varied according to industry sector and size of company
- Conduct assessment at pilot sites
 - Determine and select program components to apply at pilot sites
 - Implement customized programs at pilot sites.
 - Monitor and evaluate implemented pilot programs.

This will be carried out by PBSP, with technical input from the technical coordinator and health system advisor.

3. The project team will approve the PBSP work plan by February 2003.
4. The model will be implemented by PBSP in May or June 2003.
5. Beyond the planning timeframe:
 - Assess the workplace model
 - Decide on whether to or not to replicate.
 - Develop guidelines for replication
 - Submit guidelines to USAID for approval

B. School

1. The school-based DOTS will be designed to cater to primarily the teacher but also the school children population. It shall include other than service provision, elements on education and information dissemination.
2. The protocol developed by the Task Force for TB in Children (organized by the Department of Health) will be adopted and validated in the piloting of this model.
3. Develop the model. A clear scope of work for school model development will be structured by the TC and HSA. The model development will be implemented through a STTA or BOA. Additional STTA to supplement the local team will come from Cora Leus of the National TB Center (NTBC), who will assist in the design.
4. Apply criteria to identify a school/geographical area and work with public and private schools. Choose school cluster based on willingness to participate, predominance of paying patients (Class A, B, and C), well-functioning health clinics, and potential for access to microscopy services.
5. Structure DOTS service in participating area. Network with physicians to make them aware of opportunity, link up with microscopy serving the area, develop plan for sourcing and funding drugs, and define administrative processes for treatment supervision, recording, reporting, and referral. Develop the program in March-May 2003 and launch it at the new school year starting in June.
6. Beyond planning timeframe :
 - Asses school model
 - Decide whether to or not to replicate

- Develop guidelines for replication
- Submit guidelines to USAID for approval

C. Hospital

As stated in the proposal, we will build-on the model at the Manila Doctors Hospital (private hospital, doctor-owned and organized, has professional administration), deemed a promising model for replication nationwide. The leader of the existing model at Manila Doctors Hospital (MDH), Dr. Balgos, is an influential pulmonologist who has a good chance of convincing other hospital practitioners to refer their TB patients to the model DOTS clinic. Another leading DOTS advocate, Dr. Camilo Roa, is also a pulmonologist on the MDH staff. The advocacy of these two lung specialists promises to be effective in obtaining the support of the rest of the staff.

It was decided that Makati Medical Center (MMC) is not as replicable because of its MDR focus and highly sophisticated on-site laboratory. Also, MMC has been serving a mostly indigent population, and staff pulmonologists at MMC are not strongly supportive of DOTS. However, some elements of the MMC model, e.g., contract with treatment partner, follow-up and recording systems, may still be adopted for other models.

The steps in model development are as follows:

1. Confirm MDH participation with Dr. Balgos. Try to get whole hospital to engage in DOTS.
2. Technical coordinator, health system advisor, and Dr. Balgos will outline detailed model enhancement plan.
3. Implement plan under the direction of the technical coordinator and health system advisor.
4. Beyond planning timeframe:
 - Assess hospital model
 - Decide whether to or not to replicate
 - Develop guidelines for replication
 - Submit guidelines to USAID for approval

D. Clinic

Five subsets of DOTS clinic model were identified:

- Cavite – local coalition of private physicians and community based stakeholders and public health centers;
- FriendlyCare- multi-specialty group practice with common-user facilities and support staff;
- Unilab – company sponsored clinic for its local community; established as a response to its corporate social responsibility;
- PhilAmCare – HMO set-up; and
- Single-practice clinics – operated by one doctor

The first three are currently functioning. The Cavite and FriendlyCare models need to be assessed and guidelines established for replication. The PhilAmCare model may need fine-tuning, assessment, and guidelines for replication established. The Unilab model merely require documentation of guidelines for development, which could be made available to other corporations that may want to set up and allocate their own resources for similar services as part of their social responsibility commitments. In addition, a review on the benefits to the company of putting up this type of service in terms of say tax benefits will also be looked into to make it more attractive for replication.

Local coalition. The Cavite model is a highly replicable public-private partnership arrangement. It fostered interaction between private physicians and health centers, thus addressing the problem posed by different public and private sector diagnostic criteria and the lack of a formal referral system. It also educated private physicians about public sector requirements and created a formal referral system from the private sector to the public sector.

The activities involved in the replication are:

1. Assess the design, process and implementation of the Cavite model
2. Determine whether to or not to replicate
3. Develop guidelines for replication
4. Submit guidelines to USAID for approval

Group practice. Friendly Care is an example of a multi-specialty group practice that may represent a trend for medical practice in the Philippines. It is necessary to determine whether this trend does indeed exist, as this will be important in deciding whether this model will be replicable.

Subject to the results of the review on the trend for multi-specialty group practice, the next steps are:

1. Assess FriendlyCare model.
2. Determine whether to or not to replicate
3. Develop guidelines for replication
4. Submit guidelines to USAID for approval

HMO. A DOTS model has been developed for PhilAmCare as part of the DOTS project. The new protocol will soon be implemented. This model has great promise for replicability and sustainability within its sector. TIPS involvement at this early stage of model development will allow for fine-tuning and enhancement.

The activities involved in refining the model are:

1. Confirm with PhilAmCare that they will participate and enlist support of entire clinic staff.
2. Outline detailed model development plan.
3. Monitor model implementation
4. Beyond planning timeframe:

- Assess the model
- Determine whether to or not to replicate
- Develop guidelines for replication
- Submit guidelines to USAID for approval

Corporate social responsibility clinic. Unilab is the only existing instance of a DOTS clinic sponsored by a company based on corporate social responsibility. There is utility in documenting their approach and guidelines for development, which may be offered to other private companies for replication.

The team takes cognizance of the comment of USAID not to put in resources to this model. There is no intention to actively develop the model further, but merely document the process and guidelines for setting it up. We will also include pointers for transfer of responsibility to local entities should the corporation need an exit strategy. We estimate the cost of documentation to be marginal since the activity could be piggy-backed to the situation analysis exercise that would be undertaken anyway for existing models. The team thinks the opportunity for replication exists thus the potential benefits of the documentation effort far exceeds its cost.

1. Document Unilab experience
2. Disseminate the guidelines to interested corporations

Single practice clinic network. A network of providers for the various components of the DOTS program will be organized to enable the single practice clinics to implement DOTS, at minimum capital and operating cost to them. There will be a system of referrals to say the laboratories, treatment partners and case holders. The overriding principle in designing the network will be cost effectiveness at a given quality of service. Recognized as the biggest challenge will be the identification and structuring of operating arrangement with the overall DOTS program management.

The activities involved in developing the model are:

1. Outline detailed model development plan.
2. Select pilot area and get consensus from providers on the operating arrangement
3. Implement model development plan.
4. Beyond planning timeframe:
 - Assess the model
 - Determine whether to or not to replicate
 - Develop guidelines for replication
 - Submit guidelines to USAID for approval

E. Drugstore/Pharmacy

There is considerable evidence that a high percentage of those who seek treatment for TB in the private sector obtain drugs through pharmacists or other drug providers and essentially self-medicate. Self-medication, more often than not, leads to incomplete and harmful drug use, a failure to cure, and further public health complications. There is a need to develop a strategy to

bring pharmacists into a coherent program to ensure that DOTS therapy is widely accepted and applied in the private sector. Pharmacists represent an existing, extensive infrastructure of professional schools and associations where established standards of treatment can become a part of education, and where chances of replicating good practices are excellent. Pharmacists are also on the urban and rural frontlines of treatment and can effectively address cultural constraints in their direct dealings with TB cases. Examples exist where pharmacists have been provided incentives to go beyond drug sales to becoming involved in case management issues, e.g., sexually transmitted disease treatment in Nepal. Such examples have yielded promising results and reduced out-of-pocket costs when drug therapy is correctly followed.

Activities

1. Through the Chemonics home office, carry out rapid desk review of global experience on similar pharmacy/drugstore programs.
2. Incorporate pharmacies/drugstores into a DOTS referral network.
 - Encourage the Drugstore Association of the Philippines and Mercury Drug (largest drug store chain in the Philippines, accounting for almost 60 percent of sales) to agree to the DOTS protocol and partner with TIPS.
 - Develop partnering/model design, including education, training, and communication tools to use in drugstores.
 - Agree on basic protocol.
 - Jointly choose a geographical area and work with drugstores in that area. Choose area based on existence of a DOTS center (e.g., around PhilAmCare, UST, MMC) so that other elements of the basic DOTS services are available for the drugstores to network with.
 - Explore purchasing arrangements with DOTS clinic and pharmacy.
3. Beyond planning timeframe:
 - Develop SOW.
 - Assess model.
 - Decide whether to or not to replicate.
 - Develop guidelines for replication.
 - Submit guidelines to USAID for approval.

Indicators:

- Number of private sector DOTS models developed or improved
- Number of private sector models evaluated and recommended for replication at strategic locations

Measurement:

- TBD, based on M&E plan

Milestones:

- 2-5 models including workplace, school, university/hospital, clinic and pharmacy-based DOTS models developed, implemented, and evaluated and guidelines on implementation prepared
- Results evaluated
- Best approaches identified
- Implementation guidelines/ handbook for each model written for use in model replication

Partners:

- PBSP, Dr. Dalay
- Task Force for TB in children, Philippine Pediatric Society

- Dr. Balgos/Manila Doctors Hospital
- Coalition of Concerned Caviteños Against Tuberculosis, Friendly Care, PhilAmCare, Unilab
- Drug Store Association of the Philippines, Mercury Drug

Assumptions:

- Workplace, school, and pharmacy models may be linked to clinics that may be networked with area facilities (clinic or hospital models, both public and private or combined).
- Hospital-based DOTS is best in a situation where all hospital components (clinical departments, lab, ER/OPD, and others) support the DOTS model.
- Cavite and FriendlyCare-type models have a good chance of replication if the trend to work with other health providers continues (vs. single-physician clinics).
- Clinic models that are examples of corporate social responsibility could show the way for other corporations.

Deliverable E — Best TB DOTS approaches/services models are implemented in at least 25 strategic urban cities/large municipalities nationwide

Task 4 — Replicate Models (IR 2.1)

Deliverable/task manager. Technical Coordinator Dr. Rodrigo Romulo

4.1. Replication/DOTS Fund

Overarching strategy/description of work

- Workplace model will be replicated by PBSP. Other models selected will be replicated through a grants competition. Grants solicitation will set out approved guidelines for tested DOTS models, and applicants will request funds to replicate models through public-private partnerships appropriate to their settings.
- The Chemonics grants manual will be adapted with home-office assistance, and the DOTS Fund for the Public-Private Collaboration in Eliminating TB (“DOTS Fund”) will be created.
- The team will establish the strategic geographic spread of the models and the criteria for the selection of grantees.
- Precede launch of the DOTS Fund and the call for applications with information dissemination to promote understanding of the program and publicity to drum up interest among potential grantees to get a good mix in terms of geographic spread, and type of models replicated.
- Plan Philippine-based study tour or seminar workshops for grantees as part of the capacity building assistance.
- Political commitment and leadership can be fostered in replications through a grant process that produces individual champions who will craft localized approaches with stakeholder support and participation.

Key activities

- Adopt CI grants manual for DOTS replication.
- Advertise grants program at the beginning of Year 2.

- Open application with 6-week turnaround for awards. Provide project preparation technical assistance.
- Streamline evaluation and selection process so the internal evaluation committee (chief of party, technical coordinator, and health system advisor) recommend grants to a public-private evaluation committee.
- Issue grants averaging \$20,000 of 9-12 months' duration to at least 20 entities. This allows another contract year for assessment of current grants, extension of current grants, and/or additional grants.

4.2. Organizational Development Assistance to PHILCAT

A strategic planning exercise will be conducted to map out a longer-term vision, strategy, and tactics for PhilCAT sometime in February. This will identify sustainability strategies and opportunities for income generation via training, accreditation, DOTS information clearinghouse functions, donor grants, and domestic fund-raising. It will also address roles and responsibilities of PhilCAT staff and volunteers, performance indicators, and resource requirements. We will also clarify PhilCAT and project roles, relationships, and responsibilities in specific program areas to make the best use of project resources.

The project will provide a local strategic planner with facilitation skills. Technical assistance will include workshop design, interviews of key PhilCAT members and stakeholders, development of draft documents for the strategic planning workshop (vision/strategy/tactics, staffing plan, sustainability/business plan, performance monitoring plan), and post-workshop work to finalize the strategic plan and allocate project resources to support institutional strengthening in PhilCAT. Over time, PhilCAT will assume the certification and training functions.

Indicators:

- Number of sites adopting/ implementing a model for DOTS service delivery by private practitioners
- Number of organizational development activities implemented with PhilCAT

Measurement:

- TBD, based on M&E Plan

Milestones:

- Grant program guidelines for replication to 25 sites
- Criteria for strategic positioning of the replication sites
- Strategic plan and capacity building plan for PhilCAT

Partners:

- PBSP
- PhilCAT
- Grant applicants

Deliverable F — Teaching and training of TB DOTS conducted in medical professional schools and behavior change campaigns implemented to improve the treatment behavior of providers³

Task 5-A. Communication.

Deliverable/task manager. Communications Advisor Jose Ibarra Angeles.

Overarching strategy/description of work

The scope of work for this task is promoting the DOTS methodology and DOTS models with private health providers/workers, public relations and networking support to all project tasks, and putting in place support mechanisms for the communication needs of the project. In accordance with the high profile of this project in the Philippines and internationally, there will also be formulated an overall, integrated project communication strategy to build support for project goals.

The project will also closely collaborate with CMS and DKT on behavior change campaigns for private providers and with ReachOut for the public campaign on the general public campaign.

Key activities

Key activities to be undertaken include:

- 1) Behavior Change Communication (Private Health Providers)
 - a) Information and advocacy materials to increase DOTS understanding and acceptance
 - b) Possibly use of academic detailing for relaying messages that will influence behavior change
 - c) PR activities to create positive association with, stimulate interest in, and build commitment to DOTS participation
 - d) Develop and publicize a DOTS seal
 - e) Support to special events, starting with Burden of Disease conference
- 2) Public Relations and Networking
 - a) Regular press releases, special stories (in magazines, including trade magazines), press briefings by project, TB/DOTS experts/advocates, USAID officers, etc.
 - b) Coordinate regular information sharing activities with ReachOut Foundation

³Based on the agreement reached with USAID in the meeting dated December 10, 2002, the focus of the advocacy will shift from health-seeking behavior of the public to treatment behavior of private providers. It was also agreed that ReachOut will undertake the advocacy campaign to the public at large.

- c) Generate regular dissemination of project milestones to stakeholders (e.g., USAID, home office, etc.) using such tools that could include fact sheets, newsletter, website, etc.
- d) Tapping ad agencies and ad managers of PhilCAT member organizations (also, ad agencies of PBSP member companies) into a TB/DOTS media/advertising advisory team
- e) Provide regular opportunities for news media people to improve their coverage of and the quality of their reporting of TB/DOTS topics (e.g., media trainings, journalist workshops, project site visits)

3) Support Activities and Mechanisms

- a) Development of project identity
- b) Development and maintenance of TB/DOTS information clearinghouse mechanism at project office

Indicator:

- Increased percentage of private health providers participating in DOTS services in the project sites
- Number of DOTS information activities and materials

Measurement:

TBD based on M&E plan

Milestones:

- integrated project communications plan,
- BCC plan for health providers,
- general advocacy support to other tasks

Partners:

- USAID CAs, ReachOut in particular
- mass media organizations
- PhilCAT
- DOH Health Promotion staff

Assumptions:

- ReachOut will undertake the public advocacy to de-stigmatize TB and to promote DOTS treatment among TB patients

Task 5 — B. Training and Certification (IR. 2.2)

Deliverable/task manager. Training Advisor/PhilCAT Executive Director Dr. Charles Yu

Overarching strategy/description of work

The first phase involves the development, implementation, and evaluation of a basic DOTS syllabus with the help of STTA that will be incorporated in pre-service and in-service training to improve the health-giving behavior of professionals involved in delivering TB care. This syllabus will become the basis for training programs or modules for medical schools, certifying

bodies such as medical board examiners and medical societies, and trainers, DOTS providers, and PhilHealth/PhilCAT accreditation.

The second phase, which can begin concurrently with the first, involves developing an innovative pilot Master TB Educator Award in at least 2-3 medical schools. Subsequently, this program will be replicated in more medical schools as a means of sustaining the pre-service formative side of health professional development.

If deemed appropriate an international study tour may be organized geared at technical training and DOTS program implementation at the operational level. The date and sites will be determined later.

For the third phase, once a core group of educators is in place, we will assess the feasibility of creating a center of excellence for TB incorporating service, community mobilization, research, education, and training. This plan may be endorsed by TB TIPS to USAID or to other groups for future implementation.

The identified certifying group (PhilHealth/PhilCAT) will be engaged in developing and establishing certification criteria. STTA will be used to formulate administrative systems and processes, link certification to reimbursement, carry out a communication campaign, and develop an appropriate evaluation method.

Key activities

Activity 5.1.1. Create DOTS syllabus

After securing the consent and support of the PhilCAT Task Force on TB in the medical curriculum, baseline information and existing resources will be appraised to determine the status of existing DOTS syllabus material. STTA will be obtained to review the existing material and prepare a draft of the core DOTS syllabus. A TB Education Expert Panel will be formed to review (in a workshop) the draft of the core syllabus. Resulting syllabus will be pre-tested in selected medical schools, and thereafter finalized by the STTA based on pre-test results. The STTA will also develop an evaluation tool that will be used after one year.

Representations will be made to the Medical Board examiners aiming to obtain an agreement and statement that examinations on DOTS will be included in the medical boards. Once secured, the communication advisor will disseminate the information to the medical schools.

Discussions will be made with the specialty boards (e.g., Philippine Academy of Family Physicians and the Philippine College of Chest Physicians) to incorporate DOTS into their training programs and subsequently in their board certifications. An evaluation of the training will later be undertaken to improve it further.

Activity 5.1.2. Training for DOTS providers

After the development of the DOTS syllabus, train-the-trainers modules/programs will be provided to medical societies, PhilHealth providers, new DOTS models/centers. The train-the-trainer program will involve development of tailor-fitted training plans (which may not be applicable to existing and functioning DOTS models), establishing training agreements with medical societies and PhilHealth, and logistical planning.

Training among pre-service and in-service health providers may include actual rotations and exposure to DOTS centers to help them understand the program and appreciate the quality of services provided therein. Incorporation of DOTS in examinations of medical schools, medical board in-training training certification entities and reinforced by CMEs will provide seamless integration from pre-service to in-service phases of physicians development that may profoundly influence their practice.

Activity 5.1.3. Master Educator Award

The Master Educator Award aims to provide a sustainable framework to enhance the development of innovative teaching and learning activities pertaining to tuberculosis in Philippine medical schools. The project, through its grant program can support the creation of a master educator position by defraying part of the remuneration (say 50% of the salary) contribute to the infrastructure, provide offsite training (apprenticeship or seminars) and technical assistance in education and teaching skills development. This task will begin with the conceptualization of Master TB educator objectives and development of selection criteria. Thereafter, a selection committee will be formed, criteria disseminated, call for application issued, applications evaluated and finally award granted. Specific deliverables will be required of the awardee and these will be monitored by the TIPS training adviser over the duration of the award. If assessed to be feasible after pilot testing of Master TB Educator Award in 2-3 medical schools, these will be replicated in other schools.

Activity 5.1.4. Certification

This task requires coordination between PhilHealth and PhilCAT to establish certification criteria, including human and physical infrastructure, DOTS processes, quality of care, and treatment outcomes. Only certified practitioners and centers accredited by PhilHealth will be eligible for reimbursement of DOTS services. STTA will establish the system and administrative processes for certification, conduct related training, and link certification and quality assurance to the reimbursement and licensing system. Certified/accredited practitioners and facilities could receive as an added incentive such as the “Tutok Gamutan” or the DOTS seal. The communication advisor, and possibly ReachOut, will publicize the seal as an indication of high-quality service. An evaluation system to assess the effectiveness of the certification process will later be developed jointly by the technical coordinator, training advisor, and health system advisor.

The project will link up with the Commercial Marketing Services Project of USAID, which is preparing a certification system for overall private health provider standards for quality of health care and provide inputs on this effort. To the extent practical and expedient, TIPS may collaborate with CMS on related activities such as key interviews or focused group discussions.

Indicators:

- Number of medical professional schools with revised syllabi that include a strong component of public health aspects of TB control and DOTS
- Number of certified providers

Measurement:

- TBD, based on M&E plan

Milestones:

Training —

- Finalized syllabus integrated into health provider pre-service and in-service training
- DOTS incorporated into medical board examinations
- DOTS incorporated in service training programs
- DOTS syllabus incorporated in certifying specialty examinations
- Trainers training course/modules established

Certification —

- Technical Assistance plan prepared for requiring DOTS competency in accreditation process
- Appropriate agency(ies) issue a requirement of DOTS competency for accreditation and licensing
- Comprehensive TB package (with outpatient private care) that includes certification
- Provision of inputs to CMS to the development of a certification system for the overall private health provider standards for quality health care

Partners:

- PhilCAT Task Force on TB in the medical curriculum
- APMC
- TB Education Expert Panel
- Board of Medicine
- NTBC
- CI
- C & M
- Medical Societies
- PhilHealth

Assumptions:

Pre-service medical syllabus —

- Interventions at the formative period of a health provider will influence future proper health-caring behavior.
- Working through associations/societies will reach largest number of target practitioners.
- Linkage must be made between syllabus and certification processes.

Master Educator Awards —

- Medical schools will support and sustain the Master TB Educator Program.
- Incentives (monetary as well as recognition) and enablers will encourage promising middle-level faculty and clinicians to become DOTS advocates.

In-service training —

- Requiring certification for reimbursement will motivate private practitioners to attend CME programs on DOTS and adopt the approach.
- A more significant number of health providers maybe reached by CPEs.
- Influential practitioners may best be reached by other innovative approaches such as academic detailing, small group discussions.

Certification —

- Certification (PhilHealth) will accelerate the process of integrating and sustaining DOTS in private physician practice.

Deliverable G — Appropriate guidelines and regulations are developed to promote necessary reimbursement program among private health groups.

Task 6. Financing (IR 4.3)

Deliverable/task manager. Policy and Finance Advisor Prof. Emmanuel Leyco

Overarching strategy/description of work

The underlying objective of Task 6 is to develop a financing mechanism that gives incentives to those who provide direct DOTS services and those who invest in developing and improving the quality of TB DOTS services. This task will support policy decisions and information to enhance TB and DOTS development expected to result from completion of Task 1 (Enabling Policy Environment) and Task 2 (Operations Research). It will provide the financing support mechanisms to emphasize enabling and strengthening Task 3 (Private Sector Models) and Task 4 (Replication of Models) to enhance expansion and strengthening of DOTS and other TB priorities in the project sites and beyond.

Create DOTS Finance Working Group. To ensure synergy between the financing and technical aspects of the DOTS system, a project DOTS Finance Working Group will be comprised of Technical Coordinator Rod Romulo, Policy and Financing Advisor Noel Leyco, and with Larry Day and Lee Reichman as ex officio members participating regularly by electronic means and periodically in person in working sessions. Members from the private sector will be invited as necessary. The DOTS Financing Working Group will be established in January. This group will clear work plans and request studies, methodology, and work products. This will ensure proper articulation of the technical aspects of TB/DOTS services, financing, policy, and regulation.

Our proposed health financing and policy activities fully articulate key elements of the government's Health Sector Reform Agenda (HSRA): increasing and expanding health insurance coverage, increasing outpatient benefits and providing disease-specific benefits, initiating treatment guidelines, accrediting health providers, and phasing in local government unit- and community-based insurance.

Activity 6.1. DOTS Financing Framework

Formulate DOTS financing framework. This framework will address overall strategy with a segmented approach that establishes the number of people to be reached by DOTS in each of the next five years, with estimated financing requirements and sources of financing. The work will begin with an estimation of aggregate needs using the Burden of Disease analysis and a new baseline study. The main objective is to identify target populations and match them with appropriate financing mechanisms. Potential sources of financing will be explored. The framework will also formulate a financing mechanism for DOTS models identified by the project. To help launch and sustain DOTS financing initiatives, the policy implications of the proposed arrangements will be identified and recommendations made to institutionalize these arrangements.

Activity 6.2. TB Insurance Benefits Package

The project will assess the TB benefit package of PhilHealth, identify areas where supplemental benefits are necessary, and determine potential sources. The assessment shall also include ensuring that the reimbursement scheme is linked to the certification and quality assurance system. A TB Financing Advisory Group could be initiated by the Council to ensure replicability and sustainability. The group could help review the TB benefits package and dissemination of information to private insurers.

We will also help create sustainable and replicable management approaches to implementing DOTS-compliant benefits. STTA will be provided to PhilHealth to help explore ways to expand and/or sustain TB benefits. Technical assistance will also be provided to explore how private insurers, HMOs, cooperatives, and others could provide similar or supplemental financing for TB cure. Consultants will be mobilized in late March-early April.

To help implement a TB insurance benefits package, technical assistance will be provided in the areas of risk management, co-financing and DOTS compliance audits. BOA and STTA resources will be mobilized in April.

Activity 6.3. Financing for DOTS Models

In mid February, financial modeling for each DOTS model will be performed. DOTS in the workplace, school, hospital, clinic or pharmacy will have different financing requirements due to varying operating conditions. The project will provide technical assistance to identify costs, establish revenue drivers, and formulate a financing model for each DOTS environment.

DOTS sustainability workshops. In addition to basic technical support for operation decision-making, a series of workshops will be provided for DOTS managers and payers to consolidate their skills in cost estimation, break-even analysis, and basic pricing of services. This will ensure these organizations have the basic managerial skills to sustain expansion and financing of DOTS programs beyond the end of this project.

In all cases where payments systems and pricing structures are supported, the Finance Working Group will be responsible for confirming that the recommended structures fully integrate acceptable TB diagnosis and DOTS treatment protocols.

The exact timing of these interventions will be set to best support Tasks 3 and 4.

Milestones:

- DOTS financing framework completed
- TB insurance benefits package
- Financing workups completed for each of five DOTS models

Expected Results:

- Prototype schemes are in place based on a strategic DOTS financing framework.
- Policy and consensus-building process is strengthened by reliable financial and economic analyses.
- Cross-purchasing and co-financing arrangements for DOTS providers and for lab and pharmaceutical services by third - arty payers established.
- Payments and incentives are effectively tied to DOTS protocols.
- Health insurance benefits for TB diagnostic and treatment services, including DOTS, established--beginning with PhilHealth.

Indicators:

- DOTS financing framework completed
- PhilHealth TB benefit enhanced package reviewed and enhanced, and financing arrangements with insurance providers established
- Number of financing workups for DOTS models completed

Measurement:

- TBD, as per M&E plan

Milestones:

- Report on DOTS financing framework
- Report on TB insurance benefits package of PhilHealth and financing arrangement with other insurance providers
- Report on financial analysis and financing arrangements for five DOTS models.

Partners:

- PhilHealth
- AHMOPI
- HMOs
- Commercial health insurance
- Cooperatives
- DOTS model replicators

Assumptions:

- Quality of financing research outputs will largely depend on availability and data quality.
- Putting in place the financing schemes will depend on acceptability of financial proposals to health financing partners and their institutional capacity to integrate these schemes into their operations.
- Insurance financing is key to sustaining DOTS in the private sector.

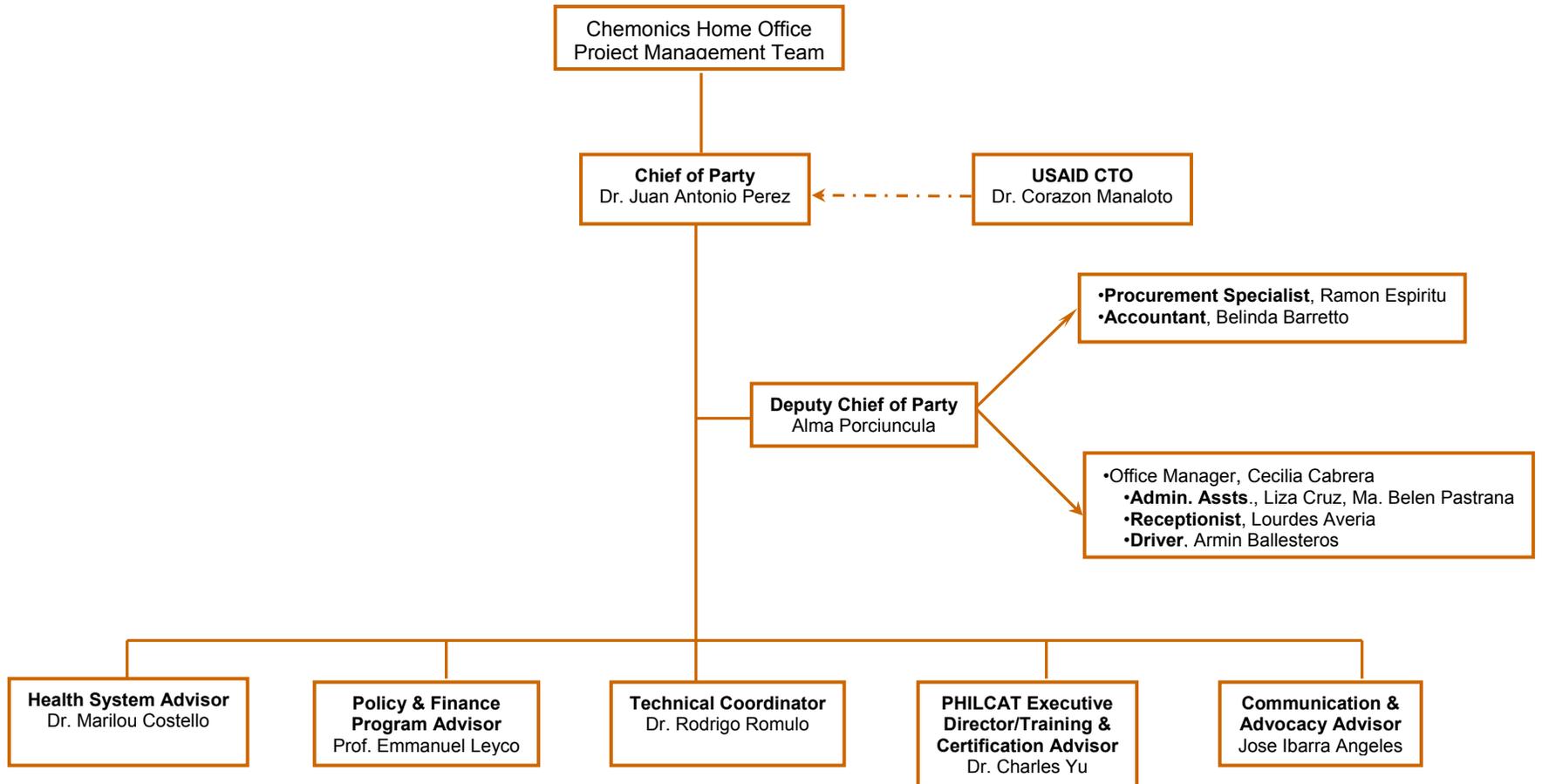
III. Project Management

Following a results-oriented approach, project management strategy includes an efficient and effective operational framework within which the team works collaboratively with USAID, the Department of Health, PhilCAT, PhilHealth, private sector partners, donors and other stakeholders to achieve program milestones. Project management systems ensure adherence to USAID rules and regulations.

A. Team Organization

Two key concepts underlie the organizational structure: delegation of authority and accountability of results. The project organizational structure was revised to make it less hierarchical and more collegial. Specifically, the technical coordinator will not have line authority over the various advisors. This allows the other advisors to have direct access to the chief of party, who remains responsible for coordinating all technical matters.

Organization of Philippine TIPS Team

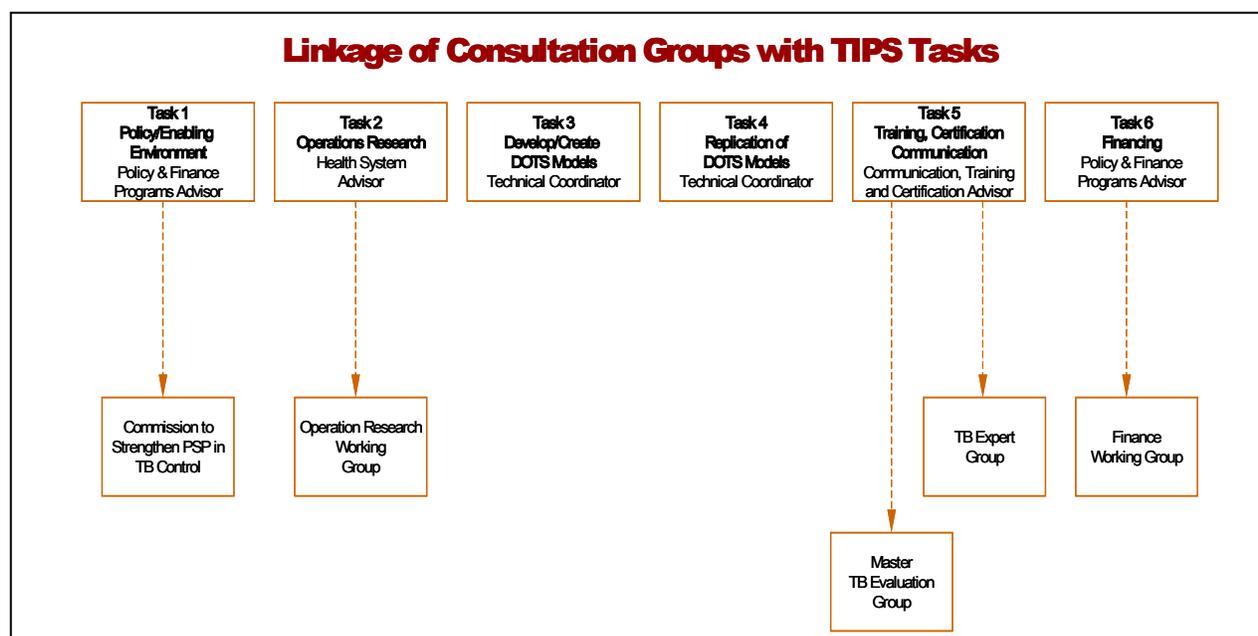


..... =Advisory Relationship
 ————— =Supervisory Relationship
 - . - . - =Coordination and Technical Guidelines

Project staff comprising the core team and key technical personnel as listed below, complemented by short-term technical staff.

| Position Title | Person | Task Responsibility |
|--|---------------------|--|
| Chief of Party | Juan Antonio Perez | Management of overall work plan and achievement of tasks |
| Deputy Chief of Party | Alma D. Porciuncula | Assistance to overall project management; procurement |
| Technical Coordinator | Rodrigo Romulo | Tasks 3&4: Private sector DOTS model development and replication, technical support to all tasks |
| Health System Advisor | Marilou Costello | Task 2: Operations research and decision support to increase effectiveness of DOTS models |
| Policy/Finance Advisor | Emmanuel Leyco | Tasks 1 & 6: Development and implementation of reform agenda and private sector health financing |
| Training and PhilCAT Executive Director | Charles Yu | Task 5: Development of a DOTS training program and certification guidelines. As PhilCAT executive director, ensures coordination of project tasks with PhilCAT activities |
| Communication and Advocacy Program Advisor | Jose Ibarra Angeles | Task 5: Development of an integrated communication strategy for project promotion, advocacy for DOTS to private health providers, communication support to other tasks |
| Procurement Specialist | Ramon Espiritu | Procurement for services related to all tasks, including grants for the replication of DOTS models, basic ordering agreements, academic awards, and hiring of media/PR firms |

The project team will likewise be assisted by consultative groups of various stakeholders to ensure responsiveness and effectiveness of project outputs. The figure below shows the linkages of each task with the various consultative groups:



B. Monitoring and Reporting

The team will periodically submit reports, as described below, addressing work plan performance and compliance with deliverables:

1. Annual Work Plans. Due 30 days before the close of each operating year. Annual work plans, covering 15-month periods, will be submitted to USAID for approval and will include the following:
 - Performance objectives and benchmarks for the period
 - Expected activities to be undertaken to reach annual work objectives
 - How annual objectives and activities contribute toward achieving contract objectives
 - Expected completion date of the activities
 - Cost estimates for each major category
 - Critical assumptions or support needed from USAID, DOH, other cooperating agencies, STTA, LGUs, NGOs, or private sector to accomplish the work
2. Quarterly Performance Reports. Due 30 days after each calendar quarter. Quarterly reports will address the following areas:
 - Performance objectives/expected outputs for the quarter
 - Summary of major accomplishments during the quarter, as well as unexpected or unplanned outcomes/activities during the quarter

- Outstanding issues and implementation problems and options for resolving these issues and problems
 - Status toward achieving sustainability of efforts
 - Planned performance objectives for the next quarter
 - Financial reports showing previous quarter and cumulative expenditures and next quarter projected expenditures, by line item
3. Annual Reports. Due January 31 of each year. The annual reports combining the fourth quarter activities will provide an assessment towards achieving the annual objectives set forth in the Annual Work Plans.
 4. End-of-Assignment Reports. Due two weeks after the end of each assignment. Both short- and long-term project consultants will submit end-of-assignment reports, based on the detailed scope of work approved by USAID before each engagement. Consultants will submit a draft of the report prior to departure and the final report two weeks after.
 5. Contract Completion Report. Due 60 days after contract completion. After completion of the project, the team will submit a final completion report that describes in summary form the following:
 - Specific objectives of the contract
 - Activities undertaken to achieve contract objectives and the results achieved
 - Cost of efforts
 - Actions taken to ensure the continuation and sustainability of program objectives

A project monitoring & evaluation (M&E) system is being prepared and should be in place by January 2003. Chemonics' M&E system will provide performance information that can be used to manage for results and improve project performance. It will measure project impact, integrate work plan activities, and support USAID's internal reporting needs by providing input to the mission's strategic objectives, intermediate results, and indicators.

C. Annual Work Planning

The team, together with the home-office project supervisors and administrators from Chemonics, Clapp & Mayne, and NTBC, dovetailed the first annual work planning exercise with the startup workshop conducted in the first week of November. Work plan preparation provided clarification of roles and teaming arrangements among the team members, interface of activities between tasks to optimize synergy, and an opportunity for team-building and collaboration. A review and update of the annual work plan is scheduled for Month 6, i.e., in March. For subsequent work plans, preparations will begin six weeks before the end of the planning year to give USAID two weeks to approve the work plan.

D. Integrated Communications Strategy

Project promotion through an integrated communication strategy (ICS) is deemed a success factor for the project in terms of generating support for its objectives and imparting lessons

learned throughout project implementation. The ICS will ensure comprehensive overlaps between outward-facing TB communication activities (survey work and the launch of public campaigns) and work related to building and maintaining a positive identity for the project among its clientele and audience. The ICS will include the following activities:

- Development of strategies for interaction with the media, including key project “messages,” rules of engagement, etc.
- Determination of project “products” and prototypes, for example, style manual, success stories, Web site.
- Identification of continuing activities to build and maintain project identity.

A Project Communications Guide will be produced to ensure a consistent and cohesive communication approach.

E. Procurement

Procurement of services will be a major undertaking throughout project implementation phase in view of the adoption of the basic ordering agreement (BOA), use of STTA for carrying out some project assignments, and outsourcing of media and PR activities, as well as implementing the grants program for replication of DOTS models and academic awards.

For BOAs, three to five local entities (e.g. universities, consulting firms, research institutes, etc.) will be selected following a competitive award process. Through this approach, the project will create a broad-based capability in the country to carry out operations research for TB, as well as further develop capability in the other areas of study. The transparent, competitive process will ensure best value for money for the contracted assignments, as well as due diligence and high motivation from grant applicants.

The Chemonics home office will provide continual technical support for formulating BOA and grant procurement guidelines and training the local procurement specialist, starting in the third week of November.

Procurement for the BOAs will be initiated in the third week of November. Announcement for bids and the pre-bid conference will be undertaken by January, evaluation in February, and award and start of issuance of task orders by March 2003.

Grant procurement will begin at a later date. The grants manual is planned to be completed by June 2003. Grants for academic awards will be initiated by July 2003, followed by DOTS replication models by September 2003.

IV. Budget Narrative

The Philippine TIPS budget has been refined to correspond to our Year 1 Work Plan. Slight programmatic and staffing changes which presented themselves in the first months of the project are reflected in the attached budget. Specific changes include:

- Long-term Salaries: All staff members were mobilized as originally envisioned except the Communication Advisor who is now scheduled to begin work in January 2003 and has been budgeted accordingly.
- Short-term Salaries: The proposal budget estimated short-term technical assistance as a percentage for each CLIN. Based on our work plan prepared during we have identified more accurately the exact level of short-term technical assistance required by CLIN, as reflected in the attached budget. We have further adjusted the projected short-term salaries to more accurately reflect the timing we anticipate for each assignment.
- Travel: The budget now reflects the additional detail on specific sites planned for the study tour.
- Equipment: Slight adjustments have been made to reflect the actual purchase price of office furniture and equipment.

These changes have been reflected in the attached budget. The TIPS project will continue to bill CLIN expenses as programmed and will not exceed the total budget for the project.

Strengthening Private Sector Diagnosis and Treatment for TB Control

| MAJOR ACTIVITIES | YEAR 1 | | | | | | Q3 | Q4 | Inputs/Resources | Outcomes/Results |
|--|-----------|---------|---------|-----------|---------|---------|----|----|--------------------------------|---|
| | Quarter 1 | | | Quarter 2 | | | | | | |
| | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | | | | |
| Mobilization | | | | | | | | | | |
| Contract award | X | | | | | | | | USAID, CI | |
| COP mobilization | X | | | | | | | | COP, CI | |
| Start-up specialist fielded | X | | | | | | | | PA, Grant | |
| Office facilities procured and equipped | | | | | | | | | PA | |
| Local staff hired | | | | | | | | | PA | |
| Start-up workshop | | X | | | | | | | Full team, partners, USAID, CI | |
| Full staff in place | | X | | | | | | | | |
| Management | | | | | | | | | | |
| Updated work plan | | | | | | | | | COP | |
| Quarterly reports | | | X | | | X | X | X | COP | |
| Project procurement guidelines developed | | | | | | | | | Grant | |
| Grants program approved by USAID | | | | | | | | | Grant, USAID | |
| Develop M&E system | | | | | | | | | | |
| Task 1: Policy Activities | | | | | | | | | | |
| 1.1 Developing understanding of TB control and DOTS | | | | | | | | | | |
| Burden of diseases analysis | X | X | X | X | | | | | M.Lorenzo, P.Gertler | BOD study |
| Study tour program/best practices tour guide | | X | X | | | | | | | |
| TB Orientation | | X | | | | | | | | PowerPoint presentation |
| Report production | | X | X | | | | | | Com/Adv | |
| 1.2 Policy review and action plan development | | | | | | | | | | |
| Form commission | | | X | | | | | | | |
| Media event/first commission meeting | | | X | | | | | | | |
| Conduct study tour | | | X | X | | | | | | |
| Comprehensive policy review/assessment | | | | | | | | | | |
| Tour debrief/assessment 1st cluster findings | | | | X | | | | | | |
| Assessment 2nd cluster findings | | | | X | | | | | | |
| Assessment 3rd cluster findings | | | | | X | | | | | |
| Draft report presented to commission | | | | | X | | | | | |
| Final report/action plan & timeline presented | | | | | | X | | | | Key reforms identified, reform agenda with priorities |
| Public unveiling | | | | | | X | | | | |
| Action plan adopted by commission | | | | | | X | | | | |
| 1.3 Begin implementation of action plan | | | | | | | | | Pol/Fin, Comm | |
| Detailed implementation prepared | | | | | | X | | | | |
| Plan integrated into updated annual work plan | | | | | | | | | | |
| Regular commission meetings on progress | | | | | | | X | X | X | |
| Reform items tackled by public/private working groups | | | | | | | X | X | X | |

| MAJOR ACTIVITIES | Quarter 1 | | | Quarter 2 | | | Q3 | Q4 | Inputs/Resources | Outcomes/Results |
|--|-----------|---------|---------|-----------------|---------|---------|----|----|---|--|
| | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | | | | |
| Task 2: Operations Research 2.1 OR Agenda/ongoing public-private OR input Interviews regarding priority OR topics Preliminary list of OR topics Establish public-private OR Integration Group OR Integration Group meeting OR topics selected 2.2 OR Implementation/center capacity development Initiate IQC competitive procurement Prebidders conference IQC Contracts awarded to 3-4 local entities Task orders for studies issued OR studies undertaken Decision support solutions Meetings of OR integration group Dissemination of OR findings throughout Philippines | | | | X X X X X | | | | | M. Colstello COP, TBC, Costello | OR selection criteria/protocol/immediate OR activities priority topics |
| | | | X | X | | | | | IQC holders, HAS IQC holders, HAS Mercado | Lessons learned re private sector provision of TB services higher quality DOTS delivery mechanisms known and imp oversight/QC of OR work |
| Task 3: Piloting Private Sector Models 3.1 Models developed and results evaluated Determine/confirm partners Develop models with partners Observe models on study tour Implement and monitor models DOTS in the workplace Health care training at companies School-based DOTS Identify school University hospital DOTS MMC assessment Manila Doctors Hospital Private clinic/HMO DOTS Ongoing decision support assistance/OR needs 3.2 Assess models 3.3 Guidelines for implementation developed Develop guidelines for replication USAID approves replication of models | | | | | | | | | TC L.Reichman PBSP PHILCAT, NTBC NTBC, C.Leus MMC, Dr. Tupasi Manila Doctors Hospital | Workplace model School model University/teaching hospital model Clinic/HMO model |
| Task 4: Replication of Models to 25 Sites 4.1 DOTS Fund Awareness efforts to promote grants program Launching of DOTS Fund grants program Evaluation of applications (rolling) | | | | | | | | | DOH, PHILCAT, NTP coordinators USAID TC Com/Adv TC, US Grt, Ph Grnt COP, TC, HSA, Eval committee | Assessment re completion rates, cost, replicability, etc. |

| MAJOR ACTIVITIES | Quarter 1 | | | Quarter 2 | | | Q3 | Q4 | Inputs/Resources | Outcomes/Results |
|------------------|--|---------|---------|-----------|---------|---------|----|----|------------------|------------------|
| | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | | | | |
| NJMS | New Jersey Medical School National Tuberculosis Center | | | | | | | | | |
| PBSP | Philippines Business for Social Progress | | | | | | | | | |
| PHIL | PHILCAT | | | | | | | | | |
| KP | Kabalikat ng Pamilyang Philipino Foundation | | | | | | | | | |
| IPHM | Institute of Public Health Management | | | | | | | | | |
| Comm | Policy Commission | | | | | | | | | |

| Chemonics International Inc. | | | | | | | | | | | | | | | | | |
|---|-----|------|-----|-----|-----|-----|-----|-----|------|------|-----|------|-----------|-----|-----|---------------|---|
| Philippine TIPS Tuberculosis Initiatives for the Private Sector | | | | | | | | | | | | | | | | | |
| Annex A. Work Plan for Year 1 and Year 2 Q1 | | | | | | | | | | | | | | | | | |
| MAJOR ACTIVITIES | Q1 | | | Q2 | | | Q3 | | | Q4 | | | Year 2-Q1 | | | Periods After | Inputs/Resources |
| | Oct | Nov. | Dec | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | | |
| Mobilization | | | | | | | | | | | | | | | | | |
| Contract award | X | | | | | | | | | | | | | | | | USAID, CI |
| Mobilize D/COP | X | | | | | | | | | | | | | | | | CI, D/COP |
| Field startup specialist | X | | | | | | | | | | | | | | | | PA |
| Mobilize and orient COP | X | X | | | | | | | | | | | | | | | CI, COP |
| Procure/equip field office | X | X | X | X | | | | | | | | | | | | | D/COP, PA, Admin |
| Hire local staff | X | X | X | X | X | | | | | | | | | | | | D/COP, PA |
| Management | | | | | | | | | | | | | | | | | |
| Hold startup workshop | | X | | | | | | | | | | | | | | | Full team, partners, USAID, CI, PS |
| Prepare annual work plan | | X | X | X | | | | | | | | | | | | | COP, Team, PS, PA |
| Submit annual work plan for USAID approval | | | X | | | | | | | | | | | | | | COP |
| Update (semiannual) work plan | | | | | | X | X | X | X | | | | | | | | COP, Team, PS |
| Prepare quarterly reports | | | | X | X | | | X | X | | | | | | | | COP, D/COP, HSA |
| Submit quarterly reports to USAID | | | | | X | | | | | | X | | | | | | COP |
| Assist FO with services procurement | | | X | X | X | | | X | X | | | X | X | X | X | | US Proc, D/COP, Proc |
| Set up FO accounting | | | X | | | | | | | | | | | | | | CI |
| Provide procurement templates to USAID | | | X | | | | | | | X | | | | X | | | COP |
| Develop M&E system | | | | X | X | | | | | | | | | | | | CI, COP, HSA, TC |
| Develop Integrated Comm. Strategy | | | | X | X | X | X | | | | | | | | | | CI, Proc, Comm/Adv, COP |
| Task 1: Policy Activities | | | | | | | | | | | | | | | | | |
| 1.1 Raising awareness of TB problem | | | | | | | | | | | | | | | | | |
| Undertake Burden of Disease (BoD) Study | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | Pol/Fin, STTA, C&M, TC |
| Present BoD study to Council & USAID | | | | | | X | X | | | | | | | | | | Pol/Fin, TC |
| Media event on Need for PSP | | | | | | X | | | | | | | | | | | Pol/Fin, Comm/Adv, TC, COP |
| 1.2 Policy review and Action Plan development | | | | | | | | | | | | | | | | | |
| 1.2.1 Council for Strengthening PS TB Control | | | | | | | | | | | | | | | | | |
| Determine & invite members & convenors | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | COP, TC, Pol/Fin, D/COP |
| Prepare Statement of Commitment for Council | | | | | X | X | | | | | | | | | | | Pol/Fin, TC, D/COP |
| Launch Council | | | | | | X | | | | | | | | | | | COP, TC, Pol/Fin, Comm/Adv, D/COP |
| Establish Council ad hoc work groups | | | | | | X | | | | | | | | | | | |
| Draft exec order to create Commission | | | | | | X | X | X | X | | | | | | | | Pol/Fin, D/COP |
| Convert from Council to Commission | | | | | | | | | X | X | X | X | | | | | TC, Pol/Fin, D/COP, Comm/Adv |
| Travelling seminar/Study tour | | | | | | X | | | | | | | | | | | |
| Prepare detailed agenda/logistical plan | | X | X | X | X | X | X | X | | | | | | | | | PHIL CAT, NTBC, CI, Team, Pol/Fin |
| Visit Philippine DOTS sites w/India rep | | | | | | X | | | | | | | | | | | PHIL CAT, TC, Office Manager |
| Visit NTBC, NCET, ALA | | | | | | | | | X | X | | | | | | | PHIL CAT, NTBC, CI, TC, Pol/Fin, USAID |
| 1.2.2 Action Plan for Strengthening PS TB Control | | | | | | | | | | | | | | | | | |
| Mobilize consultant assessment team | | | | | X | | | | | | | | | | | | Pol/Fin, D/COP |
| Review literature & gather data | | | | | X | X | | | | | | | | | | | STTA, C&M |
| Carry out assessment with work group | | | | | | X | X | X | X | X | X | | | | | | STTA, Council work groups, Pol/Fin, D/COP |
| - treatment protocols and quality assurance | | | | | | | | | | | | | | | | | |
| - provider training and certification | | | | | | | | | | | | | | | | | |
| - lab infrastructure | | | | | | | | | | | | | | | | | |
| - drug procurement and logistics | | | | | | | | | | | | | | | | | |
| - financing | | | | | | | | | | | | | | | | | |
| - monitoring & reporting | | | | | | | | | | | | | | | | | |
| Define policy agenda and Action Plan | | | | | | | | X | | | | | | | | | STTA, Pol/Fin, D/COP |
| Conduct Action Plan workshop | | | | | | | | X | | | | | | | | | STTA, Pol/Fin, TC, D/COP |
| Finalize Action Plan for Council approval | | | | | | | | X | | | | | | | | | STTA, Pol/Fin, D/COP |
| 1.3 Action Plan Implementation | | | | | | | | | | | | | | | | | |
| Prepare staff implementation responsibilities | | | | | | | | X | X | | | | | | | | Pol/Fin, D/COP |
| Identify studies including DOTS financing | | | | | | | | X | X | | | | | | | | Pol/Fin, D/COP, HSA |
| Integrate staff tasks into project work plan | | | | | | | | X | | | | | | | | | Pol/Fin, D/COP |
| Hold regular Council meetings on progress | | | | | | | | | X | X | X | X | X | X | X | X | Pol/Fin, D/COP |
| Tackle reform items | | | | | | | | | X | X | X | X | X | X | X | X | Pol/Fin, D/COP, Team, Com/Adv, STTA |

| MAJOR ACTIVITIES | Q1 | | | Q2 | | | Q3 | | | Q4 | | | Year 2-Q1 | | | Periods After | Inputs/Resources | |
|--|-----|-----|-----|-----|-----|-----|-----|-----|------|------|-----|------|-----------|-----|-----|---------------|------------------|-------------------------------------|
| | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | | | |
| 1.4 Analyses supporting DOTS policy initiatives | | | | | | | | | | | | | | | | | XXXXXX | Pol/Fin, D/COP, BOA |
| Financial and economic analyses | | | | | | | | X | X | X | X | X | X | X | X | X | XXXXXX | Pol/Fin, D/COP, BOA |
| Drug cost and strategies | | | | | | | | X | X | X | X | X | X | X | X | X | XXXXXX | Pol/Fin, D/COP, BOA |
| TB-specific tax incentives to businesses | | | | | | | | X | X | X | X | X | X | X | X | X | XXXXXX | Pol/Fin, D/COP, BOA |
| Task 2: Operations Research | | | | | | | | | | | | | | | | | | HSA |
| 2.1 Develop OR Agenda | | | | | | | | | | | | | | | | | | HSA, TC |
| Visit DOTS sites (intel, MMC, MDH, Cavite, UST, FriendlyCare, Unilab) | | | X | X | X | X | | | | | | | | | | | | TC, HSA, DOTS Implementors, Pol/Fin |
| Orient on DOTS & conduct interview with TB experts and DOTS practitioners (Public-Private) | | | X | X | X | X | | | | | | | | | | | | |
| Formulate the framework for OR | | | | X | X | X | X | | | | | | | | | | | |
| Prepare preliminary list of OR topics | | | X | X | X | X | | | | | | | | | | | | HSA, TC |
| Create Public/Private OR working group | | | X | X | X | | | | | | | | | | | | | HSA, TC |
| Hold first meeting of OR working group | | | | | | X | | | | | | | | | | | | OWG members |
| review/recommend OR topics | | | | | | X | X | X | | | | | | | | | | HSA, TC, COP |
| Finalize OR agenda | | | | | | X | X | X | | | | | | | | | | |
| 2.2 OR Implementation | | | | | | | | | | | | | | | | | | HSA, DCOP, US Proc, Proc |
| Initiate BOA competitive procurement | | X | X | X | X | X | | | | | | | | | | | | HSA, DCOP, Proc |
| Announce BOA procurement | | | | | | X | | | | | | | | | | | | HSA, DCOP, Proc |
| Conduct pre-bid conference | | | | | X | | | | | | | | | | | | | HSA, DCOP, Proc, CI, C&M |
| Evaluate bids and award BOAs to 4-5 entities | | | | | | X | X | | | | | | | | | | | HSA, DCOP, Proc |
| Issue task orders | | | | | | X | X | X | X | X | X | X | X | X | X | X | XXXXXX | BOA Holders |
| Undertake OR studies | | | | | | X | X | X | X | X | X | X | X | X | X | X | XXXXXX | HSA, STTA (OR assistant), TC |
| Monitor of OR studies | | | | | | X | X | X | X | X | X | X | X | X | X | X | XXXXXX | BOA holders, Comm/Adv |
| Prepare reports for dissemination | | | | | | X | X | X | X | X | X | X | X | X | X | X | XXXXXX | BOA holders, HSA, Comm/Adv |
| Hold OR dissemination workshops | | | | | | X | X | X | X | X | X | X | X | X | X | X | XXXXXX | |
| Task 3: Private Sector DOTS Models developed, implemented and assessed | | | | | | | | | | | | | | | | | | |
| 3.1 Models developed and results evaluated | | | | | | | | | | | | | | | | | | |
| Overarching analytical tasks | | | | | | | | | | | | | | | | | | HSA, TC |
| Develop model assessment methodology | | | | | | X | X | | | | | | | | | | | BOA |
| Rapid appraisal of private practitioner practice trends | | | | | | | | X | X | | | | | | | | | BOA, HAS, TC |
| Conduct OR identified by model needs | | | | | | | | X | X | X | X | X | X | X | X | X | XXXXXX | |
| 3.2 Workplace Model | | | | | | | | | | | | | | | | | | PBSP, TC, HAS |
| Preparation of PBSP workplan | | | | X | X | X | | | | | | | | | | | | TC, HSA |
| Approval of PBSP work plan | | | | X | | | | | | | | | | | | | | PBSP, Dalay, TC, HSA |
| Develop workplace model | | | | | X | X | X | X | | | | | | | | | | TC |
| Review and Approve PBSP workplace approach | | | | | | X | X | | | | | | | | | | | PBSP, CI, TC |
| Implement workplace model | | | | | | X | X | X | X | X | X | X | X | X | X | X | XXXXXX | STTA or BOA, HSA, TC |
| Assess workplace model | | | | | | | | | | | | | | | | | XXXXXX | TC, Team |
| Decide whether to replicate | | | | | | | | | | | | | | | | | XXXXXX | TC, HSA |
| Develop replication guidelines | | | | | | | | | | | | | | | | | XXXXXX | COP |
| Seek USAID approval for guidelines | | | | | | | | | | | | | | | | | XXXXXX | |
| 3.3 School-based DOTS | | | | | | | | | | | | | | | | | | NTBC, TC |
| Assist in the model design | | | | | | | | X | X | | | | | | | | | TC, PHIL CAT |
| Finalize pediatric DOTS protocol & drug source | | | X | X | X | X | X | | | | | | | | | | | HSA, TC |
| Develop SOW for BOA re school model | | | | | X | X | | | | | | | | | | | | Proc, TC, HSA |
| Select STTA or compete work order among BOA holders | | | | | | | X | X | | | | | | | | | | BOA, TC |
| Identify school & develop model | | | | | | | X | X | X | X | X | X | X | X | X | X | XXXXXX | BOA or STTA |
| Launch program | | | | | | | | | X | X | X | X | X | X | X | X | XXXXXX | BOA, HSA, TC |
| Assess school model | | | | | | | | | | | | | | | | | XXXXXX | TC, Team |
| Decide whether to replicate | | | | | | | | | | | | | | | | | XXXXXX | TC, HSA |
| Develop replication guidelines | | | | | | | | | | | | | | | | | XXXXXX | COP |
| Seek USAID approval for guidelines | | | | | | | | | | | | | | | | | XXXXXX | |
| 3.4 Hospital DOTS Model | | | | | | | | | | | | | | | | | | TC |
| Confirm with Manila Doctors Hospital (MDH) | | X | X | X | X | X | X | | | | | | | | | | | Dr. Balgos, TC, HSA |
| Outline detailed model development plan | | | | | X | X | X | X | X | | | | | | | | | Dr. Balgos, TC, HSA |
| Implement hospital model | | | | | | | X | X | X | X | X | X | X | X | X | X | XXXXXX | TC, HSA |
| Develop SOW for BOA holder to assess model | | | | | | | | X | X | X | X | X | X | X | X | X | XXXXXX | Proc, TC, HSA |
| Compete and select BOA holder | | | | | | | | | | | | | | | | | XXXXXX | BOA holder |
| Assess hospital model | | | | | | | | | | | | | | | | | XXXXXX | TC, Team |
| Decide whether to replicate | | | | | | | | | | | | | | | | | XXXXXX | TC, HSA |
| Develop guidelines for replication | | | | | | | | | | | | | | | | | XXXXXX | COP |
| Seek USAID approval for guidelines | | | | | | | | | | | | | | | | | XXXXXX | |

| MAJOR ACTIVITIES | Q1 | | | Q2 | | | Q3 | | | Q4 | | | Year 2-Q1 | | | Periods After | Inputs/Resources | |
|--|-----|------|-----|-----|-----|-----|-----|-----|------|------|-----|------|-----------|-----|-----|---------------|------------------|----------------------------------|
| | Oct | Nov. | Dec | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | | | |
| 3.5 Clinic based DOTS models | | | | | | | | | | | | | | | | | | |
| Cavite Local Coalition Model | | | | | | | | | | | | | | | | | | |
| Develop SOW for BOA holder to assess/doc Cavite | | | | | | | X | X | X | X | | | | | | | | PHIL CAT, TC, HSA, Proc |
| Compete and select BOA holder | | | | | | | | X | X | X | X | | | | | | | Proc, TC, HSA |
| Assess/document Cavite model | | | | | | | | | X | X | X | X | | | | | | BOA |
| Determine whether to replicate model | | | | | | | | | | X | X | X | X | | | | | TC, Team |
| Develop guidelines for replication | | | | | | | | | | | X | X | X | X | | | | TC, HSA |
| Seek USAID approval for guidelines | | | | | | | | | | | | X | X | X | X | | | COP |
| Friendly Care Group Practice Model | | | | | | | | | | | | | | | | | | |
| Develop SOW for BOA holder to assess/doc FC | | | | | | | | X | X | X | X | | | | | | | COP, TC, HSA, Proc |
| Compete and Select BOA Holder | | | | | | | | | X | X | X | X | | | | | | Proc, TC, HSA |
| Assess/doc FC Model | | | | | | | | | | X | X | X | X | | | | | BOA holder |
| Determine whether to replicate model | | | | | | | | | | | X | X | X | X | | | | TC, Team |
| Develop guidelines for replication | | | | | | | | | | | | X | X | X | X | | | TC, HSA |
| Seek USAID approval for guidelines | | | | | | | | | | | | | X | X | X | X | | COP |
| PhilAmCare HMO Model | | | | | | | | | | | | | | | | | | |
| Confirm with PhilAmCare | | | X | X | X | X | X | X | X | | | | | | | | | Dr. Roa, TC |
| Outline detailed model development plan | | | | | X | X | X | X | X | X | X | X | X | X | X | X | | Dr. Roa, TC, HSA |
| Implement model development plan | | | | | | | X | X | X | X | X | X | X | X | X | X | | Dr. Roa, TC, HSA, STTA |
| Develop SOW for BOA holder to assess HMO | | | | | | | | | | | | | | | | | | TC, HSA |
| Compete and select BOA holder | | | | | | | | | | | | | | | | | | XXXXXX Proc, TC, HSA |
| Assess HMO model | | | | | | | | | | | | | | | | | | XXXXXX BOA holder |
| Decide whether to replicate | | | | | | | | | | | | | | | | | | XXXXXX TC, Team |
| Develop guidelines for replication | | | | | | | | | | | | | | | | | | XXXXXX TC, HSA |
| Seek USAID approval for guidelines | | | | | | | | | | | | | | | | | | XXXXXX COP |
| Unilab Corporate Sponsored Clinic | | | | | | | | | | | | | | | | | | |
| Develop SOW for BOA holder | | | | | | | X | X | X | X | | | | | | | | TC, HSA |
| Compete and select BOA holder | | | | | | | | X | X | X | X | | | | | | | Proc, TC, HSA |
| Carry out documentation exercise | | | | | | | | | X | X | X | X | | | | | | BOA Holder |
| Dist. guidelines to interested corporations | | | | | | | | | | X | X | X | X | | | | | Comm/Adv |
| 3.6 Drugstore/Pharmacy Model | | | | | | | | | | | | | | | | | | |
| Rapid desk review of global drugstore programs | | | | X | X | | | | | | | | | | | | | CI |
| Advocacy w/ Mercury, DSAP (Drugstore Assoc. of Phil) | | | | X | X | X | X | X | X | X | | | | | | | | TC, COP, Comm/Adv |
| Develop partnering/model design | | | | | | X | X | X | X | X | X | | | | | | | DSAP, TC, PHIL CAT, COP, HSA |
| Agreement on model/protocol design | | | | | | | X | X | X | X | | | | | | | | DSAP, TC, PHIL CAT, HSA, COP |
| Agree on location and implement model | | | | | | | | | X | X | X | X | X | X | X | X | | DSAP, TC, PHIL CAT, COP, HSA |
| Develop SOW for BOA holder to assess model | | | | | | | | | | | | | | | | | | XXXXXX TC, HSA |
| Compete and select BOA holder | | | | | | | | | | | | | | | | | | XXXXXX Proc, TC, HSA |
| Assess Drugstore Model | | | | | | | | | | | | | | | | | | XXXXXX BOA holder |
| Decide whether to replicate | | | | | | | | | | | | | | | | | | XXXXXX TC, Team |
| Develop guidelines for replication | | | | | | | | | | | | | | | | | | XXXXXX TC, HSA |
| Seek USAID approval for guidelines | | | | | | | | | | | | | | | | | | XXXXXX COP |
| Task 4: Replication of Models | | | | | | | | | | | | | | | | | | |
| 4.1 DOTS Fund | | | | | | | | | | | | | | | | | | |
| Adapt CI grants manual for DOTS replication fund | | | | | | | | | X | X | X | X | | | | | | TC, US Proc, Proc |
| Publicize grants for models replication | | | | | | | | | | | | X | X | X | X | X | | Com/Adv |
| Launch grants program | | | | | | | | | | | | | | X | X | X | | TC, Proc |
| Provide grant preparation TA | | | | | | | | | | | | | | | X | X | | STTA |
| Evaluate and select applications | | | | | | | | | | | | | | | | | | XXXXXX COP, TC, HSA, Proc, USAID |
| Award grants | | | | | | | | | | | | | | | | | | XXXXXX COP, TC, HSA, Proc. |
| Monitor/troubleshoot grantee implementation | | | | | | | | | | | | | | | | | | XXXXXX TC, Ph Grt, COP |
| Replicate workplace DOTS | | | | | | | | | | | | | | | | | | XXXXXX PBSP |
| Conduct OR identified by replication | | | | | | | | | | | | | | | | | | XXXXXX HSA, OR |
| 4.2 OD assistance to PHIL CAT | | | | | | | | | | | | | | | | | | |
| Organize strategic planning exercise | | | | X | X | | | | | | | | | | | | | TC, COP, PHIL CAT, NTBC, STTA |
| Conduct strategic planning exercise | | | | | X | | | | | | | | | | | | | TC, COP, PHIL CAT, NTBC, STTA |
| Implement OD plan | | | | | | X | X | X | X | X | X | X | X | X | X | X | | XXXXXX NTBC, CI, PHIL CAT |
| Assess PHIL Cat's institutional capabilities | | | | | | | | | | | | | | | | | | XXXXXX BOA, HSA |
| Subcontract with PHIL CAT | | | | | | | | | | | | | | | | | | XXXXXX CI, PHIL CAT |
| PHIL CAT manages subcontract | | | | | | | | | | | | | | | | | | XXXXXX PHIL CAT |

| MAJOR ACTIVITIES | Q1 | | | Q2 | | | Q3 | | | Q4 | | | Year 2-Q1 | | | Periods After | Inputs/Resources |
|--|-----|-----|-----|-----|-----|-----|-----|-----|------|------|-----|------|-----------|-----|-----|---------------|------------------|
| | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | | |
| Task 6: Health Care Financing Schemes | | | | | | | | | | | | | | | | | |
| 6.1 DOTS Financing Framework | | | | | | | | | | | | | | | | | |
| Estimate aggregate needs | | | | | | | | | | | | | | | | | |
| Estimate prevalence using BoD and baseline | | | | | X | X | X | X | | | | | | | | | |
| Determine target pop for PS coverage | | | | | X | X | | | | | | | | | | | |
| Determine most effective DOTS models | | | | | | X | X | | | | | | | | | | |
| Assess sources of financing | | | | | | | | | | | | | | | | | |
| Payments by ins., HMOs, and cooperatives | | | | | | | X | X | X | | | | | | | | |
| Willingness to pay by patients | | | | | | | X | X | X | | | | | | | | |
| Determine optimal financing mix for 70% coverage | | | | | | | | X | X | | | | | | | | |
| Finalize DOTS financing framework | | | | | | | | X | X | | | | | | | | |
| Identify most effective DOTS models | | | | | | | | X | X | | | | | | | | |
| Identify policy implications | | | | | | | | X | | | | | | | | | |
| Hold workshop on final report | | | | | | | | | X | | | | | | | | |
| 6.2 TB Insurance Benefits Package | | | | | | | | | | | | | | | | | |
| Decide TB benefit package TA per policy assessment | | | | | | | | | | X | X | | | | | | |
| Social insurance/PhilHealth | | | | | | | | | | X | X | | | | | | |
| private insurance | | | | | | | | | | X | X | | | | | | |
| HMOs | | | | | | | | | | X | X | | | | | | |
| cooperatives | | | | | | | | | | X | X | | | | | | |
| others | | | | | | | | | | X | X | | | | | | |
| Agree with USAID on TA plan | | | | | | | | | | X | X | | | | | | |
| Provide TA to design/operationalize benefits package | | | | | | | | | | | | | | | | | |
| Risk management (actuarial & eligibility) | | | | | | | | | | X | X | X | X | X | X | X | |
| Co-financing (3rd party coverage) | | | | | | | | | | X | X | X | X | X | X | X | |
| DOTS compliance audits | | | | | | | | | | X | X | X | X | X | X | X | |
| Event to publicize TB benefits package | | | | | | | | | | | | | | | | XXXXX | |
| 6.3 Financing for DOTS Models | | | | | | | | | | | | | | | | | |
| Prepare financing analysis for each model | | | | | | | | X | X | X | | | | | | | |
| Workplace | | | | | | | | X | X | X | | | | | | | |
| School | | | | | | | | X | X | X | | | | | | | |
| Hospital | | | | | | | | X | X | X | | | | | | | |
| Clinic (coalition, group, HMO, corporate) | | | | | | | | X | X | X | | | | | | | |
| Drugstore/pharmacy | | | | | | | | X | X | X | X | X | | | | | |
| Workshop to compare fin viability of models to PS | | | | | | | | X | | X | | | | | | | |

LEGEND

| | | | |
|----------|--|---------|--|
| C&M | Clapp & Mayne | NTP | National TB Program coordinators |
| CI | Chemomics International | PA | Chemomics HO Project Administrator, Heather Smith |
| Com/Adv | Communications & Advocacy Program Asst. | PBSP | Philippines Business for Social Progress |
| Comm | Policy Commission | Proc | Procurement Specialist |
| COP | Chief of Party, Juan Perez | PHIL | PHIL CAT |
| D/COP | Deputy COP, Alma Porciuncula | Pol/Fin | Policy Finance Advisor, Emmanuel Leyco |
| DOH | Department of Health | PS | Chemomics HO Project Supervisor, Betsy Bassan |
| Eval Com | Evaluation Committee | STTA | Short-term technical assistance |
| HO | Chemomics International Home Office | TC | Technical Coordinator, Dr. Rodrigo Romulo |
| HSA | Health Systems Analyst, Dr. Mariou Costello | Team | Long Term project staff |
| FO | Field Office | Train | Training & Certification Advisor, PHIL CAT Exec Director, Dr. Charles Yu |
| NTBC | New Jersey Medical School National Tuberculosis Center | US Proc | Chemomics Procurement Specialist (HO), Tori Paide |
| | | USAID | US Agency for International Development |

| | | |
|---|--|--------------|
| | Office facilities procured and equipped | Yr 1, mo 1-2 |
| | project procurement guidelines developed | Yr 1, mo 1-3 |
| 2 | OR IQC: design, issuance, evaluation and oversight | Yr 1, mo 2-5 |
| 3 | PBSP sub | ?? |
| 3 | DOTS Fund: grant program development thru 2st award cycle (no oversight) | Yr 2: mo 3-6 |
| 5 | Academic awards: program development through first award cycle | Yr 1, mo 4-7 |
| 5 | Centers for Excellence? | ?? |
| 5 | Media co hire | Yr 1, mo 7-9 |
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