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Philippine TIPS
TUBERCULOSIS INITIATIVES FOR THE PRIVATE SECTOR

PHILIPPINE TUBERCULOSIS INITIATIVES FOR THE PRIVATE SECTOR

THIRTEENTH QUARTERLY REPORT

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TABLE OF CONTENTS

Acronyms	i
Executive Summary	iii
SECTION I Project Description	1
SECTION II Thirteenth Quarter Accomplishments	3
Task 1: Policy and Finance	3
Task 2: Supply	7
PPMD Clinic Model	7
Pharmacy DOTS Initiative	9
Documentation of DOTS models and best practices	10
Task 3: Demand	13
Task 4: Capacity Building	17
Task 5: Communications	20
Task 6: Monitoring and Evaluation	25
SECTION III Outstanding Issues and Measures Taken to Address Them	27
SECTION IV Financial Summary	29
ANNEX A Performance Monitoring Plan	
ANNEX B PPMD Performance	
ANNEX C PPMD Certification and Accreditation Status	
ANNEX D PDI Training Summary	
ANNEX E Project and Sector-Wide Data Needs on Tuberculosis for 2005-2009	
ANNEX F PPMD Clinic Signage and Academic Detailing Kit	
ANNEX G Updated Philippine TIPS Profile	
ANNEX H Success Story	

ACRONYMS

AFB	Acid Fast Bacilli
APMC	Association of Philippine Medical Colleges
ASI	American Standard Incorporated
BFAD	Bureau of Food and Drugs
CADPI	Central Azucarera Don Pedro, Inc.
CDC	Centers for Disease Control and Prevention
CHD	Center for Health Development
CME	Continuing Medical Education
CMS	Commercial Market Strategies
COE	Center of Excellence
CSR	Corporate Social Responsibility
CUP	Comprehensive and Unified Policy for TB Control
DLSU	De la Salle University
DOH	Department of Health
DOLE	Department of Labor and Employment
DOTS	Directly Observed Treatment, Short Course
DSAP	Drugstores Association of the Philippines
FACE	Foundation for the Advancement of Clinical Epidemiology, Inc.
FDC	Fixed-Dose Combination
GDF	Global Drug Facility
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HMO	Health Maintenance Organization
HPDPB	Health Policy Development and Planning Bureau
HSRA	Health Sector Reform Agenda
ICS	Integrated Communication Strategy
IEC	Information, Education, Communication
IR	Inception Report
IUATLD	International Union Against Tuberculosis and Lung Disease
JICA	Japan International Cooperation Agency
KAGABAY	Kabataan Gabay ng Bayan
KAP	Knowledge, Attitude, Practice
LEAD	Local Enhancement and Development for Health Project
LGU	Local Government Unit
MDH	Manila Doctors Hospital
MHO	Municipal Health Office
MMLDC	Manuel M. Lopez Development Center

MOA	Memorandum of Agreement
MOP	Manual of Procedures
MOU	Memorandum of Understanding
MTBEA	Master TB Educator Awards
MTBEA2	Master TB Educator Awards (2 nd round)
NGO	Nongovernmental Organization
NTP	National Tuberculosis Program
NTRL	National TB Reference Laboratory
OD	Organizational Development
OR	Operations Research
OSHC	Occupational Safety and Health Center
PAFP	Philippine Academy of Family Physicians
PAMET	Philippine Association of Medical Technologists
PBSP	Philippine Business for Social Progress
PCCI-Phil	Philippine Chambers of Commerce and Industry
PCCP	Philippine College of Chest Physicians
PCR	Philippine College of Radiology
PDF	Private Drug Facility
PDI	Pharmacy DOTS Initiative
PHIC	Philippine Health Insurance Corporation
PhilCAT	Philippine Coalition Against Tuberculosis
PMP	Performance Monitoring Plan
PITC	Philippine International Trading Corporation
PPhA	Philippine Pharmaceutical Association
PPMD	Private-Public Mix DOTS
PTSI	Philippine Tuberculosis Society, Inc.
RCC	Regional Coordinating Committee
RFA	Rapid Field Appraisal
RGF	Roxas Gargollo Foundation
RITM	Research Institute for Tropical Medicine
SBQC	Sagip Baga Quezon City
SA	Situation Analysis
SDF	Single-Dose Formulation
SPN	Single Practice Network
TBDC	TB Diagnostic Committee

EXECUTIVE SUMMARY

Philippine TIPS is a four-year project that works to improve the quality of participation and extent of private sector involvement in the control of tuberculosis. As the project entered its fourth year in September 2005, emphasis shifted to enhancing TB DOTS models, consolidating best practices and lessons learned, and laying the groundwork for institutional transfer of knowledge and key project functions to local institutions. Reflecting the early commencement of the extension year, this report covers the extended thirteenth quarter (September through December 2005).

Policy and finance. During this reporting period, policy initiatives focused on two key areas: the "zonal" TB control strategy and securing of a drug supply for the private sector. Philippine TIPS assisted the DOH in developing and launching a pilot "zonal" TB control strategy to concentrate intensified public and private TB activities in a local area. The project assisted in selecting pilot sites, developing an operational framework, and launching the Quezon City *Sagip Baga*, or "Lung Health" initiative.

To ensure a continuous, uninterrupted supply of anti-TB medications, the project is collaborating with local partners to develop an alternative system for procurement, distribution, and delivery. Also during this period, the project team fleshed out its approach and drafted an implementation plan.

To further sustainability for Public Private Mix DOTS (PPMD) clinics, the project continued to work with the Philippine Health Insurance Company (PhilHealth) to facilitate certification and accreditation processes, and increase demand for and utilization of DOTS benefits. In addition, the project continues to support PPMD clinics' movement toward sustainability by providing assistance in business planning and financial management and improved grant monitoring.

Supply. To increase the role of the private providers in providing quality DOTS services, the project focused on continued assistance to PPMD clinics, transfer of activities under the Pharmacy DOTS Initiative (PDI) to local partners, advancement of HMO and schools' physician networks, and workplace DOTS models.

Assistance to PPMD clinics was reconfigured to ensure greater emphasis on sustainability. Clinic marketing officers were trained and allied health workers were oriented to generate demand for clinic services. Reporting under the new arrangement reflected emphasis on patient care, treatment outcomes, and clinic sustainability.

The Pharmacy DOTS Initiative reached two important milestones during the 13th quarter. In three saturation sites, the initiative reached more than 70 percent of registered pharmacies. In four additional sites, PDI was successfully transferred to local government and regional coordinating committees.

Demand. To contribute to clinic sustainability, demand generation activities focused on increasing the number of patients who pay for clinic services. During this reporting period, the project developed and launched the *DOTS at Ako Panalo* campaign, called "DOTS and I are Winners"; strengthened provider capacity to market DOTS services; and assisted the Quezon City Health Department to develop IEC materials. The launch of the "DOTS and I are Winners" campaign is a project milestone. It is well integrated with strengthened ability of the clinics to market services, training of allied health personnel, and branding of the PPMD clinics, and is expected to help identify a large number of TB cases.

Capacity Building. During this reporting period, the Master TB Educator Awards (MTBEA) concluded with the majority of medical schools fully integrating DOTS models into their curriculum. Medical schools involved in "twinning" with new schools worked with the Association of Philippine Medical Colleges (APMC) to initiate activities. The project is assisting two medical schools to open DOTS clinics in early 2006. The MTBEA initiative will be evaluated in the upcoming quarter.

The project continues to assist allied health schools to offer DOTS curricula. In conjunction with the Philippine Association of Colleges of Pharmacy, deans and faculty in 43 schools were trained. With the Philippine Association of Schools of Medical Technology and Public Health, DOTS orientation was carried out at 60 member schools. In addition to pre-service training, the project is working with the Philippine College of Radiology to further strengthen diagnostic services. A consensus forum, attended by 32 institutions and training hospitals, increased collaboration with TB diagnostic committees and DOTS clinics, and established mechanisms for disseminating TB diagnostic information.

Communications. The project completed a wide range of communication activities. To brand PPMD clinics as a source of quality DOTS service, the project produced logos and signs for both clinics and referring physicians. To increase referrals to PPMD clinics, the project produced kits for clinic marketing officers with information on the benefits of DOTS services, PPMD clinics, and the PhilHealth TB DOTS benefit package.

To disseminate lessons learned from the project and advocate for an increased private sector role in fighting TB, project staff members gave presentations at events organized by the International Union Against TB and Lung Disease (IUATLD) and the American Public Health Association (APHA). In addition, two stakeholder and advocacy training videos are in the final stages of production.

Philippine TIPS also assisted the DOH to develop a health promotion guidebook for the National TB Control Program. The draft guidebook, under review by the DOH, contains health education messages related to TB for all levels of programs, from grassroots to national.

SECTION I

Project Description

Philippine TIPS works to improve the quality of participation and extent of involvement of the private sector in the prevention and control of tuberculosis. This is achieved through a combination of regulatory interventions, model development, capacity-building, communications support, and financial incentives to leverage private sector behavior and practices relative to TB prevention, diagnosis, and treatment. The project improves and standardizes TB control and case management using a programmatic approach known as DOTS – Directly Observed Treatment, Short Course. In addition, the project provides grant and technical assistance to private-public mix DOTS (PPMD) clinics in selected sites to demonstrate and assess the technical, administrative, and financial feasibility of engaging the private sector in the provision of DOTS services.

In the first year of the project (October 2002 to September 2003), efforts focused on groundwork activities to create an enabling environment for effective private sector participation in DOTS. These include conducting policy studies, operations research on selected PPMD models, organizing policy consultative meetings, covenants with professional medical and allied health societies, formulating TB-DOTS certification standards and processes, integrating DOTS in the medical curriculum through the Master TB Educator Award (MTBEA) grant program, developing assessment tools, enhancing existing DOTS models in private sector settings, developing new models for private participation in TB-DOTS, and increasing the visibility of TB in the news media.

To contribute to the overall objective of achieving an 85 percent success rate in private sector TB treatment using DOTS in project sites, the second-year work plan focused on model development (PDI, SPN, PPMD), training of referring physicians, support for certification of DOTS centers, expansion of MTBEA grantees, policy development, and expansion of enhanced PPMD models in 25 strategic sites nationwide.

At the beginning of the third year (October 2004), more than 25 DOTS service delivery points were in place, including 20 DOTS fund grantees, six DOTS in the formal workplace models and replications, and two DOTS in the informal workforce models. Other models, PDI and SPN, were pilot-tested, and in some instances feasibility studies were done. Training of DOTS certifiers, referring physicians, and TB Diagnostic Committees were also in full swing. An integrated communications strategy was developed, and assistance extended to the refinement and finalization of the landmark DOH policy document, the *Comprehensive and Unified Policy for TB Control in the Philippines*. A TB policy in the workplace was also being developed and discussed. Covenants with medical societies and business establishments as well as civic organizations, such as Rotary International, were signed, expanding private sector participation beyond the traditional confines of the medical field.

As the Philippine TIPS project entered its fourth year in September 2005, the strategy shifted to enhancing proven TB DOTS models, consolidating best practices and lessons learned, and laying the groundwork for institutional transfer of knowledge and key project functions to in-country institutions.

Through mutual agreement with USAID, it was determined that as of August 31, 2005 – one month prior to the base period end date of September 30, 2005 – Philippine TIPS had met and in some cases exceeded all its contract deliverables. Therefore, the option year was started on September 1, 2005, rather than the originally anticipated October 1, 2005. In September 2005, USAID and Chemonics executed a one-year contract modification extending the Philippine TIPS project through August 31, 2006.

This contract amendment formalized a modified project structure and articulated a new set of deliverables aimed at achieving two major strategic goals: 1) to strengthen and consolidate evidence-based, private

DOTS service delivery systems that are efficient, effective, accessible, client-oriented, and sustainable; and 2) to identify and develop local capacities, structures, and mechanisms to sustain private participation in TB prevention and control.

Project Tasks	Major Deliverables
Task 1: Policy and Finance	Deliverable 1: A comprehensive packet of enabling policies, guidelines and regulations, and a sector-wide financing framework with site-specific PPMID financing strategy developed and instituted at national and local levels
Task 2: Supply	Deliverable 2: Best TB DOTS approaches and service models documented and implemented in selected sites, with an emphasis on quality, accessibility, and sustainability
Task 3: Demand	Deliverable 3: Paying client load doubled at target sites
Task 4: Capacity Building	Deliverable 4: DOTS syllabus and training integrated in medical, nursing, pharmacy, medical technology schools and radiology association, and health providers enabled to engage in quality DOTS delivery
Task 5: Communications	Deliverable 5: Behavior of doctors toward DOTS improved through implementation of targeted communications activities
Task 6: Monitoring and Evaluation	Deliverable 6: Project data collected, analyzed and utilized to ensure effective performance monitoring and to identify future data needs

This report addresses this new set of deliverables and tracks project performance vis-à-vis the Year 4 work plan. Reflecting the early commencement of the extension year, this report covers the extended thirteenth quarter (September to December 2005).

Thirteenth Quarter Accomplishments

Task 1: Policy and Finance

Deliverable 1: A comprehensive packet of enabling policies, guidelines and regulations and a sector-wide financing framework with site-specific PPMD financing strategy developed and instituted at the national and local levels.

Summary of major accomplishments

- Drafted final reports on the TB policy and financing frameworks
- Assisted the DOH by developing the recommended criteria for selection of primary implementation sites for the zonal TB control strategy
- Assisted the DOH by developing a suggested operational framework for local implementation of the zonal TB control strategy
- Finalized the PDF implementation framework and initiated discussions with PITC, DSAP, DOH-LCP and CHD-NCR on feasible operating mechanisms
- Developed a local TB control framework for Quezon City and assisted the Quezon City government in developing the strategic plan for local TB control (Sagip-Baga - Quezon City)
- Continued discussions on technical assistance to PhilHealth to fast-track TB DOTS accreditation and enhance TB DOTS benefit utilization
- Continued partnership with Rotary Philippines to promote TB control activities

Implementation of current TB policies improved

Intensified TB Control Strategy

The intensified TB control strategy is a zonal approach where a common national level framework (the CUP) guides the conduct of zonal TB control activities. Its innovative feature is the unification and consolidation of efforts of public and private stakeholders - government agencies, private medical societies and practitioners, labor and employer groups, civic and non-government organizations, and health insurers - in targeting the high-risk communities and population groups, identifying and designating the health providers who would provide the necessary diagnostic and treatment services, and creating an enabling policy environment for sustained disease control at the local level. This approach optimizes the benefits derived from limited program resources since priority is given to the high TB prevalence segment of society while assuring availability of TB-DOTS treatment.

The strategic elements of the intensified TB control effort are:

- (1) development of national policies on program management, financing, legal mandates and regulatory standards to support localized CUP implementation nationwide,
- (2) provision of support for the scaling up of CUP implementation within the TB control zones through the integration of private and public (national and local) efforts and resources as well as the development of local constituency for sustained TB control,
- (3) reduction in lower quality TB care through introduction of incentives for TB patients to seek, and providers to dispense, only quality TB DOTS services, and
- (4) establishment of functional and sustainable local coordination.

Philippine TIPS laid the groundwork for the intensified TB control strategy with the drafting of the TB policy and financing frameworks. These frameworks have been integrated and presented to the DOH in consultative meetings as a basis for the proposed intensified TB control strategy. Picking up from the positive feedback of the TB Policy Forum, Philippine TIPS also presented the draft operational framework

of intensified TB control strategy to the DOH and other stakeholders during the October meeting of the Policy Forum steering committee of cooperating agencies. In addition, the draft operational framework was presented to the DOH policy team for FOURmula One during a series of consultative meetings held in September.

During the November meeting of the Policy Forum steering committee, the DOH-NTP program manager outlined their plan to undertake intensified TB control activities in primary implementation sites and Philippine TIPS was cited as one of the partners to be consulted by DOH in the selection of primary implementation site and development of operational plans. The zonal or localized approach was also incorporated in DOH's Implementing Guidelines for FOURmula One for Health as Framework for Health Reforms (section V.C.2.c.ii of DOH Administrative Order 2005-0023).

Private Drug Facility (PDF)

The private drug facility (PDF) represents a set of policies, strategies, and mechanisms intended to improve the supply and utilization of TB drugs in private TB-DOTS centers and networks. It is characterized by the restricted retail of TB drugs to DOTS compliant dosage and packaging, and by the alternative procurement, distribution and delivery of Global Drug Facility-quality TB drugs.

With the completion of the PDF study, the project drafted a PDF implementation plan that enumerates the following strategic options:

- (1) recourse to city/municipal issuances and ordinances to provide the legal basis for restricted retail of TB drugs,
- (2) the employment of municipal and barangay officials as well as civic and non-government organizations as drug retail monitoring agents,
- (3) recourse to the Philippine International Trading Corporation (PITC) and its network of 3rd party logistics providers and Botika ng Bayan outlets for the procurement, distribution and delivery of TB drugs obtained from Global Drug Facility sources, and
- (4) recourse to local government unit (LGU) financing for financial leverage or purchase of TB drugs.

Philippine TIPS also disseminated the PDF recommendations through presentations in various forums. In October the PDF was presented to the USAID while in November it was presented during the Sagip-Baga Quezon City orientation workshop. The PDF recommendation is expected to be pilot-tested in the upcoming Sagip-Baga Quezon City activity where TB drugs for smear negative patients will be procured by the local government in addition to setting up mechanisms for private DOTS centers and patients of private DOTS physicians to access affordable and reliable supply of quality TB drugs.

Sagip-Baga Quezon City

Sagip-Baga Quezon City (SB-QC) is a long-term TB control program undertaken by the Quezon City government in partnership with public and private sector organizations and institutions for the purpose of effective TB reduction by 2015. Differing from the TB control programs of other localities, SB-QC is a multi-year, sector-wide approach that coordinates both public and private TB control efforts. SB-QC draws its initial technical support primarily from Philippine TIPS and to a large extent has adapted the operational framework proposed by Philippine TIPS in the intensified TB control strategy.

To achieve effective TB control, the SB-QC strategic plan employs 5 key elements: (1) increased density of qualified TB-DOTS providers relative to the population at risk of TB infection, (2) enhanced motivation among TB-DOTS providers to identify symptomatics, detect active cases, and treat them until cured, (3) enhanced motivation among TB symptomatics to seek sputum microscopy examination at a TB-DOTS provider ready to initiate prompt treatment upon diagnosis of active TB, (4) enhanced motivation among TB patients under treatment to complete DOTS course until cured, and (5) improved availability among the city's management and policy-makers of up-to-date, accurate, and complete information about on-going levels of TB control effort, case-finding output, and case-management outcome.

Operationally, support for SB-QC will be secured through memorandum of agreements (MOAs) with government agencies, professional medical societies, labor and employer groups, civic organizations, private corporate sector, donor agencies, and other private institutions. The SB-QC organizational structure will involve:

- a governing board composed of the City Mayor, the Secretary of Health, representatives of major mass media networks in Quezon City, PhilCAT chairman, PITC president, and the Director of the Lung Center of the Philippines,
- a steering committee composed of major partners and stakeholders from the public and private sectors,
- a Technical Committee headed by the City Health Officer,
- an administration and finance committee composed of the City Administrator, City Budget Officer, City Treasurer and City Planning and Development Officer,
- a legal committee headed by the SP Committee on Health, and
- a private sector-headed Social Marketing Committee to be composed of communication experts from the academe, major radio and television networks, and PR practitioners in Quezon City

Efforts to engage public and private sector partners in SB-QC have been successful. Two SB-QC orientation workshops with public and private sector participants were conducted by Philippine TIPS in October and November at the Lung Center of the Philippines. These orientation workshops were followed by a December SB-QC strategic planning workshop attended by government agencies – Philippine International Trading Corporation (TB drug procurement), DOH-NTP and private sector representatives – GMA 7 Kapuso Foundation, Couples for Christ, Drug Store Association of the Philippines, PhilCAT, Philippine College of Chest Physicians, among others.

Philippine TIPS also plays a vital role in the development of the SB-QC implementation plan. After a series of consultative meetings with Mayor Belmonte and City Health Officer, Dr. Ugalde, SB-QC has adopted the operational framework proposed by Philippine TIPS for the intensified TB control strategy. Philippine TIPS has also initiated coordinative work with the Philippine International Trading Corporation (PITC) and the Bureau of Food and Drug (BFAD) for the procurement of TB drugs from Global Drug Facility sources and has discussed options for distribution and delivery mechanisms through the Botika ng Bayan network with the Drug Store Association of the Philippines.

Technical assistance to the Philippine Health Insurance Company (PhilHealth/PHIC)

Philippine TIPS continues to dialogue with the PhilHealth Quality Assurance Research and Policy Division (QARPD) Group and drafted a scope of work for technical assistance to:

- (1) fast-track the certification and accreditation of DOTS clinics,
- (2) increase utilization of TB DOTS benefits by PhilHealth members and beneficiaries by identifying strategies for increasing cognizance and thus demand for TB DOTS benefits, and
- (3) identify enhancements that would improve the beneficence of the TB DOTS benefit package.

Covenants with Professional Medical Societies, Employer Groups and Civic Organizations

The project continues to dialogue with the Rotary International District of Makati to monitor and provide advisory support to the implementation of the Rotary Stop TB Program. The project also continues to work closely with PhilCAT and ECOP, fulfilling the mandate of its covenant in the SB-QC activity.

Technical assistance to PhilCAT

In response to request, the Philippine TIPS extended technical assistance to the PhilCAT board in developing a financial sustainability plan for PhilCAT. A series of brainstorming and planning sessions are planned to help PhilCAT develop a business and financial management plan.

DOTS clinics sustainability enhanced

Sustainability of PPMD Clinics

As part of Philippines TIPS' commitment to help improve the financial sustainability of PPMD clinics, a Business Planning and Financial Management reference guide has been developed for dissemination to PPMD clinics. Inputs from the provided material have been incorporated into clinic oversight and assistance with the addition of financial sustainability measures among the DOTS grantees monitoring indicators.

Next quarter targets

- Assist the DOH in developing the national level and site specific operational plans for the intensified TB control strategy
- Incorporate PDF implementation into the intensified TB control strategy
- Incorporate public-private partnerships through covenants with professional medical societies, labor and employer groups, civic organizations and NGO's into the intensified TB control strategy
- Assist the Quezon City government in launching the Sagip-Baga Quezon City (SB-QC), a multi-sector Quezon City-wide TB control effort,
- Assist in the organization and conduct of World TB Day activities in Quezon City
- Assist the Quezon City government in developing an implementation and financing plan for SB-QC
- Continue to engage the support of professional medical societies, employers, civic organizations for SB-QC
- Continue technical assistance to PhilHealth for fast-tracking TB DOTS accreditation and enhancing TB DOTS benefit utilization

Task 2: Supply

Deliverable 2: Best TB DOTS approaches and service delivery models documented and implemented in selected sites with emphasis on quality, accessibility, and sustainability

Summary of major accomplishments:

- DOTS clinic model implemented
 - Completed the selection and approval process for Round 2 of Replication Grants to 17 DOTS clinics
 - Successfully closed-out Round 1 of DOTS Replication Grants
 - Continued technical assistance and monitoring visits to DOTS grant sites-clinics
 - Reported new performance data based on the revised performance monitoring system
- Pharmacy DOTS Initiative (PDI) implemented
 - Oriented pharmacy groups and other partners in saturation PDI sites (Cebu, Iloilo, Cavite)
 - Completed two-day training of PDI Master Trainers
 - Obtained commitment of 406 pharmacies and partners in saturation sites via signed MOUs.
 - Conducted 51 training workshops for staff of new PDI pharmacy partners in saturation sites
 - Formulated a PDI exit strategy (in consultation with city, provincial, and regional health officials on the integration of PDI into local health program)
- Developed tools and operational guidelines for Physician Networks
 - Tools for HMO Physicians' Network
 - Tools for School Physicians' Network
- Workplace DOTS Clinics Model implemented
 - Installed DOTS program in ten companies who adopted the DOTS strategy for their employees and other beneficiaries.
- Disseminated lessons learned in local and international forums
 - Presented Lessons from PDI in DSAP Annual Convention
 - Presented papers on the PDI experience, the Single Practice Network Model at the IUATLD conference in Paris France and APHA Meeting in Philadelphia, Pennsylvania
- Other operations research activities
 - Finalized research design and drafted instruments for the Private Provider Study with IPHM

DOTS clinic model implemented

PPMD clinic assistance

The project continued to assist the following clinics:

Grantee	Location
Dr. Vivencio Villaflor Sr. Medical Foundation, Inc.	Dagupan City
Angeles University Foundation Medical Center Inc.	Angeles City
Premiere General Hospital of Nueva Ecija, Inc.	Cabanatuan City
Canossa Health and Social Center Inc.	City of Manila
University of Santo Tomas Hospital, Inc.	City of Manila
Philippine Tuberculosis Society, Inc.	Quezon City
Batangan Doctors' Clinic	Batangas City
Agape Rural (Health) Program	Puerto Princesa City
Care Meds Philippines, Inc.	Tacloban City
Remedios Trinidad Romualdez Medical Foundation, Inc.	Tacloban City
People's Adoption to Total Health Sufficiency, Inc.	Davao City
Health Management and Research Group Foundation, Inc.	Davao City
St. Anthony Hospital of Roxas City, Inc.	Roxas City
Cotabato Doctors' Clinic, Inc.	Cotabato City
Zamboanga City Medical Society, Inc.	Zamboanga City
Cebu TB Pavilion	Cebu City
St. Dominic Hospital, Inc.	Bacoor, Cavite

During this reporting period, assistance to clinics was reconfigured to further (1) strengthen the implementation of quality assured DOTS services, (2) contribute significantly to the National TB Control Program, (3) ensure continued participation of private practitioners and other partners and, (4) institute sustainability strategies among the DOTS clinics.

In line with the fourth objective, Philippine TIPS adopted the following sustainability strategies to ensure greater financial autonomy after the grants conclude:

1. A ceiling of 30% of the grant amount was placed on salaries of personnel. A range of 50-75% of the grant for personnel salaries were allowed during the bridge financing to facilitate gradual tapering off of grant support.
2. A floor of 25% of the grant amount was placed on social marketing. This amount will be complemented by technical assistance and supplementary materials to be provided by Philippine TIPS under demand generation initiatives.
3. The remainder grant funds were allocated to expert fees, equipment and/or repair and clinic maintenance, training, travel, other direct costs, and other approved allowable costs.

In addition to grant assistance, Philippine TIPS continues to provide technical assistance to promote greater operational efficiency and market sustainability

Training and other technical assistance

A training seminar for Liaison/Marketing Officers of each DOTS Clinic was held last October 11-12 in Manila for 18 Luzon-based participants and October 13-14 in Cebu City for 16 Visayas- and Mindanao-based participants. The training modules were developed to further enhance demand for DOTS services in each site through social marketing and advertising. Philippine TIPS also provided an orientation on the use of an Academic Detailing Kit developed to help clinics increase their network of referring physicians. Participants were later tasked to develop their own social marketing plan for their respective DOTS clinic based on the current, identified, and perceived needs in their catchment area.

To further enlarge the referral networks among various stakeholders in the private sector, trainings for allied health workers were implemented by approximately half of the grantees. The remaining grantees have scheduled their trainings for January 2006. The activity targeted recruiting a minimum of 45 allied health workers per DOTS clinic to refer at least one patient. Participants include nurses, pharmacists, medical technologists, dentists, radiology technicians, midwives, barangay health workers, medical secretaries, *kagawad* (council members) for health and other health-related professions. Individuals at high risk for TB and those who work with or are identified groups at risk for TB were also invited.

DOTS clinics quarterly performance report

Twelve DOTS clinics submitted their quarterly performance data based on the revised performance monitoring system for the extension year. The revised performance monitoring includes:

- Indicator for the structure, organization, and operations
- Indicator for the processes of patient care
- Indicators for the outcomes of care, and
- Indicators sustainability of the clinic.

In terms of clinic operations, the average waiting time for all the DOTS clinics was 22 minutes (see Annex B - Table 1). This average is a decrease from previous quarter average of 32 minutes. Four clinics namely Cebu, PTSI, St Dominic and Zamboanga had waiting time higher than the target of less than 30 minutes. These clinics have been informed about their waiting time and agreed to make changes in their clinic operations such as adopting a clinic appointment system. The overall comfort score given by the patients to the clinics was 96%, again an improvement from the previous quarter with 90%. All clinics were rated more than 90% with Caremeds getting the highest rating at 99%. Angeles recorded a notable

improvement from last quarter 78% to this quarter 98%. The overall accessibility score given by the patients to the clinics was 96% a slight improvement from previous quarter of 94%.

Five clinics conducted staff meetings regularly, while the rest meet only when necessary. All clinics were advised that staff meetings at least twice a month is an effective tool for addressing concerns and further improving clinic services. In terms of completeness of records, the clinics have 86% to 94% completeness of treatment card and registry entries. Five clinics namely Angeles, Kaltab, Caremeds, RTR and Zamboanga had scores of lower than 80% in at least one of the registry. Feedback was given for them to update their registries regularly to improve their record keeping practice.

Patient care was also monitored in the clinics (see Annex B - Table 2). The clinic laboratory processes had an average score of 96%. Eleven of the clinics have more than 90% of TB symptomatic patients undergoing three sputum examinations. More than 90% of smear positive patients started treatment within a week. As most clinics do not conduct close contact tracing for patients enrolled for treatment, project staff encouraged contract tracing. Eleven of the twelve clinics are supervising patients based on DOTS protocol more than 90% of the time. Caremeds was noted to have a low score on protocol supervision. On the average, patients attending the clinics were highly satisfied with services, reflected in a satisfaction score of 98%, an improvement from the previous quarter of 94%. St Dominic, RTR, and Zamboanga rated 100% in patient satisfaction and Angeles posted a very high improvement from 85% to 98%. The health education intervention by the clinics seemed to have significantly improved as well. From an average knowledge score of 52% in the previous quarter, the mean knowledge score this quarter is 70%. The health education program for patients should be further intensified.

Outcome of care has also improved compared to the previous quarter (see Annex B - Table 3). The clinics have an average of 95% sputum conversion rate. The average cure rate for sputum positive patients was 84%. The average treatment completion rate for those enrolled sputum negative patients was 92%. In summary the overall success rate (cure and completed treatment) was 88% with nine of the clinics having overall success rate of greater than 85%.

In terms of financial sustainability (see Annex B - Table 4), only three clinics conducted social marketing activities designed to promote clinic services. All of the clinics are already accredited by PHIC and have started to implement user fees. The patients in eight of the clinics are already paying for DOTS services or at minimum for the sputum examination. Many clinics have inadequate financial reporting systems. Notable however is the good performance of the Agape Rural Program. In terms of cost recovery Dagupan, Canossa, Agape Rural Program, and Angeles have cost recovery of at least 20% of operational expenses. To date, Cebu, RTR, and HMRG have no cost recovery in place.

Pharmacy DOTS Initiative (PDI) implemented

The Pharmacy DOTS Initiative reached two important milestones during the 13th Quarter: (1) expansion of the scope of the PDI intervention to include at least 70% of all registered pharmacies in three of the original seven pilot sites (Iloilo, Cebu and Cavite), and (2) implementation of its exit strategy in the four sites (Cagayan de Oro, Davao, Dagupan and Quezon City) became the responsibilities of the local stakeholders. Three PDI sites (Quezon City, Dagupan City and Davao City) have been turned over to the local government's City Health Office. The Regional Coordinating Committee headed by the Center for Health Development (DOH) became the focal point of PDI activities in Cagayan de Oro City. To ensure that PDI is sustained at the local level technical assistance was provided even after the turn over particularly on the aspects of monitoring and supervision. The smooth transition of PDI management to the local stakeholders is attributed to their early involvement in planning, monitoring, and evaluation activities, enhancing their sense of ownership of the project.

At the start of the saturation phase, general orientation seminars for pharmacy owners and other stakeholders were held in each of the PDI sites retained by Philippine TIPS. The purpose was to solicit participation of pharmacy owners who are new to PDI. The meetings resulted signed letters of intent to participate in PDI from owners and representatives of 406 pharmacies. Subsequently, an MOU was signed between these pharmacy owners and Philippine TIPS, witnessed by the City Health Office.

Various training workshops were held during the quarter. Informed by lessons learned from the pilot test, PDI procedures, tools and IEC materials were streamlined and simplified, with particular focus on improving the quality of information giving. This necessitated the holding of an orientation workshop of a new pool of PDI master trainers conducted on September 16-18, 2005.

Subsequently, 51 training workshops were conducted and attended by a total of 1,442 participants representing 406 pharmacies in the 3 sites. Majority of the participants were pharmacy assistants (65%), while others were pharmacists (15%), management staff, (14%), and 6% were representatives sent by the PDI stakeholders (DOTS Clinic Administrators, others). Evaluation of the training was conducted using a 10-item pre and post-test exercises. Results show a significant increase in TB-related knowledge scores after the training, with an average pre-test score of 5.9 and an average post-test score of 7.7. Evaluation of the training by the participants was very high, with an average evaluation score of 3.6 (from a range of 1 to 4).

Operations research continued to support project implementation through monitoring and evaluation activities to track project performance not only in the saturation sites but also in the four sites turned over to local stakeholders. As a result, the project was able to counsel and inform a significant number of TB symptomatics, particularly those without prescription, and direct them to DOTS clinics to seek appropriate diagnosis and treatment. Below is a 16-month summary of the PDI pharmacies' performance:

PDI Program Indicators	Number (July 04-Nov 05)
Clients served and prescreened	9,416
Clients screened and referred to DOTS clinics	3,160
Referred clients who were traced in DOTS clinics (Public and PPMD)	920
Recorded PDI clients in DOTS clinics diagnosed as TB cases	277
PDI clients found to be smear positive	136

Development of physician network tools and operational guidelines

Philippine TIPS developed tools to support operationalization of physician networks. These tools have been shared with HMOs that provide health services to the Department of Education (Star Care, Fortune Care and IMS Wellth Care), and a number of school physicians linked up with the University of Santo Tomas DOTS clinic. Through efforts of the project, an MOU was drafted between these HMOs and the Department of Education, recognizing DOTS as the mode of clinical management for all Department of Education employees covered under these three HMO groups.

Dissemination of lessons learned on model development

Important lessons learned from the project were disseminated widely during the quarter. For PDI, the venues were (1) the national convention of the Drugstore Owners Association held in Cagayan de Oro city, the regional meeting of the IUATLD in Canada, and the American Public Health Association (APHA) in Philadelphia. Cognizant of PDI's accomplishments, a WHO official announced at the IUATLD meeting in Paris that WHO will be endorsing the PDI for global replication. Results of the Baseline Survey of Private Providers and the Single Practice Network pilot were also presented at the APHA meeting, generating positive comments from the international audience.

Other operations research activities

Preparations for the Private Provider Study were undertaken during this period and the Institute of Public Health Management was chosen to provide research services. The survey instrument under review and is expected to be finalized in the early part of the next quarter.

Workplace DOTS clinics model implemented

In collaboration with the Philippine Business for Social Progress, the project set a target to install TB-DOTS Program in seven workplaces. As noted cited in the previous report, the first round of companies to install the program were Chiquitita Unifruitti, Dole Philippines, Magsaysay Group of Companies, Novaliches Development Cooperative Inc. (NOVADECI), and Pilipinas Shell Petroleum Corporation.

Five additional companies have installed TB-DOTS programs, including Amkor Technology Philippines (ATP), Philippine Fruits, Anflocor Group of companies, Steniel Mindanao Packaging Corp, and Motolite. To date, ten companies have adopted the DOTS strategy and installed a program for employees and beneficiaries.

All ten company programs cover employees, dependents, contractors, and applicants with TB services. One company also included retirees. Four of the companies adopted communities, while a fifth company targeted the jeepney drivers sector.

Eight of the ten companies are adopting a workplace-public referral mode and the rest are adopting the workplace++ model.

Aside from installed TB-DOTS program, the following are the intended and unintended outcomes of the TB-DOTS programs to the companies:

1. Diagnosis and proper management of TB cases
2. Conversion of the health and human resources of department staff to proper TB management based on NTP
 - Prior to the program, all companies only used x-ray as basis for detecting TB. Currently, sputum examination is the primary or assenting diagnosis method;
 - Establishment of a drug-financing scheme wherein the budget for anti-TB medications is either provided or allocated from existing medicine benefits. Loan schemes are now also available to employees; and
 - A systematic recording and reporting system is now in place to ensure that even non-TB related concerns will be properly recorded and timely reported if necessary.
3. Company workers, dependents, applicants, retirees, informal sector workers, and surrounding communities have demonstrated increased TB-DOTS awareness.
4. The program has not only established a system for proper TB management, but it has also become a benchmark for the other company health services to be enhanced.
5. There is evidence of observance of TB patients' rights wherein applicants are properly referred for treatment and application is accommodated once treated.
6. New multi-sectoral partnerships allow programs to maximize available resources and facilities through pooling. Decentralization does not impact treatment because even if patients are not residents of a particular Local Government Units, Rural Health Units and other DOTS facilities accommodate patients and properly refer them for treatment to the most accessible health center.
7. Establishment of good corporate and community volunteers facilitate TB education and advocacy, identify TB symptomatics, and ensure compliance of patients and treatment partners.

8. With the variations in TB-DOTS programs to suit the informal sector workforce and to reach out to different types of beneficiaries, there was room for innovations, for example Motolite Bank Baterya.

Through the consultative sessions with partners held in National Capital Region, Davao and Bukidnon and PBSP Millennium Development Goal – Health Cluster Meetings, initial discussions on the concept of Global Drug Alliance (GDA) were made and possible contributions from the allies were identified

Best practices analyzed, documented, and disseminated

The Pharmacy DOTS Initiative is cited as a Philippine TIPS' best practice in addressing the problem of self-medication and improper TB drug dispensing behavior. By promoting the DOTS clinics, PDI has contributed to case detection, ranging from 4-12% in the pilot areas. This contribution of PDI has been cited by the Iloilo and Cagayan de Oro City Health Offices. Furthermore, PDI has raised the visibility of the pharmacy sector as effective allies of government in community health efforts

The social marketing approach used in promoting PDI is another best practice, which helped to bring in the stakeholders and drugstore owners to participate and actively support the project. When potential partners were enlightened about TB, there was an overwhelming response to participate.

A third best practice is the use of situation analysis in model development. Early in the life of the project, very little was known about private sector involvement in TB and documentation on the topic was hard to come by. The situation analyses of a few existing PPMD clinics in the country provided key information to guide model development efforts. The DOTS clinics supported by Philippine TIPS benefited from lessons learned gathered by these studies.

Next quarter targets

- Continued monitoring and technical assistance to DOTS clinics
- Internal validation of the monitoring process, data recording and reporting schemes within the DOTS grant and workplace clinics
- Conduct progress review of DOTS in the workplace activities
- Document best practices within the implementation of DOTS grant-clinics
- Integrate technical assistance such as in DOTS program installation to the other project initiatives
- Initiate grant award close-out activities and conduct end of grant project evaluation and review
- Validate and disseminate evaluation results followed by turn-over of PDI saturation sites to local stakeholders
- Assess PDI performance in retained and turned-over sites
- Utilization of the PDI training modules by Mercury Drug Corporation and Watsons Personal Care Stores in their in-house training of new hires
- Completion of PDI Report
- Completion of SPN Report
- Documentation of best practices
- Finalization of private provider survey instrument, after pre-testing tools
- Train field supervisors and local research assistants for private provider survey
- Gather and process private provider study data

Task 3: Demand

Deliverable 3: Paying patient load doubled at target sites

Summary of major accomplishments

- Developed a procedural template for evaluating and selecting an advertising agency.
- Developed, together with the chosen advertising agency, the "DOTS at Ako Panalo" demand generation campaign (DOTS and I are Winners) for the Philippine TIPS assisted PPMD clinics communicated through various IEC materials
- Conducted pre-testing to determine understandability, appeal, credibility and possible negatives of the draft demand generation materials via focus group discussions and in-depth interviews among non-TB and TB patients.
- Conducted training on the development and implementation of a social marketing plan for the Liaison/Marketing Officers of the PPMD Clinics.
- Provided technical assistance to the clinics in the implementation and refinement of their social marketing plans
- Conducted a social marketing module during the on-going training of allied health workers as additional PPMD clinics advocates.
- Assisted the Quezon City Health Department to develop the Sagip-Baga Quezon City IEC materials.

Demand generation plan developed

During the reporting period, the demand generation plan for the Philippine TIPS assisted PPMD clinics was refined to further focus on doubling the load of paying patients and increasing to cost recovery of each clinic. To achieve these objectives, there is a need to step-up the creation of consciousness about TB, particularly the need to detect it at its early stages, to treat it promptly, and to complete the recommended treatment strategy. There is also the need to encourage those experiencing TB symptoms to seek professional help and to prefer Directly Observed Treatment, Short-course if they are diagnosed with TB.

The demand generation plan prioritizes the following target markets: a) male and female, between 21 to 45 years old, who may or may not be currently experiencing symptoms of tuberculosis, with regular source of income, preferably with an insurance or medical coverage; b) job seekers for domestic and overseas job placements or those applying for residence abroad who are required to submit medical clearances; and c) families or households with members diagnosed with TB; employers, and LGUs; civic organizations, professional/neighborhood associations, and individuals who have the capacity as well as the willingness to sponsor indigent TB patients.

The plan called for developing various IEC materials catering to the different identified target markets; conducting community-based orientation, advocacy and mobilization activities; and upgrading the image and client service quality of the PPMD clinics.

The objectives of the IEC materials is to expose the true nature of TB and to equip the public to properly manage the disease. General strategies were a) to use real life situations; b) to address the concerns and myths head-on; c) to focus on the outcome of early diagnosis and prompt and complete treatment, rather than the disease itself or its negatives; and d) to feature healthy and pleasant looking individuals.

Priority targets for community-based activities and events are companies, barangays, civic / religious / occupational organizations, neighborhood associations, and professional organizations especially those in the allied health organizations. Upgrading the image of the PPMD clinics will entail the placement of appealing materials within and outside the clinics and re-training of clinic staff, particularly the Liaison / Marketing Officers, on customer service.

Demand generation plan launched

The strategy is to develop three basic batches of materials for each segment of the audience, featuring different key messages to effectively address the specific needs of the identified target markets:

- Batch 1 focuses on the general public and non-TB symptomatics. The objectives are to better inform the general public about TB and to influence the general public to take steps to control the disease. Key messages are: anybody can have TB; TB can easily spread; TB is curable; the best weapon against TB is early diagnosis and early, proper, and complete treatment; and DOTS is the best treatment for TB.

Materials developed for batch 1 include two flyers, one featuring a family and the other, a bus situation. Both flyers are designed to promote TB consciousness and control among those who may often find themselves in situations conducive to the transmission of the disease. Both flyers also have poster renditions

- Batch 2 targets potential TB patients and those already experiencing TB symptoms. Objectives are to assure TB patients that there is life after TB, if TB is managed properly, and to motivate TB patients to seek immediate professional help. Key messages are: TB is curable; the best weapon against TB is early diagnosis and early, proper, and complete treatment; do not self-medicate; DOTS is the best treatment for TB; and TB should not be a hindrance for pursuing one's dreams and plans

Materials developed include three flyers, that feature three individuals, a businesswoman, a laborer and doctors to emphasize different aspects in managing TB emphasized, as well as the importance of early diagnosis, and proper and complete treatment through DOTS. The businesswoman emphasizes the importance of squeezing in DOTS treatment into a busy schedule. The laborer emphasizes the importance of not giving up hope, since successful TB treatment via DOTS will mean the achievement of one's dreams. The doctor emphasizes that even doctors are not immune to TB and like anybody else, the secret of their successful recovery is DOTS. A brochure, entitled "Effectively Overcoming Tuberculosis", is designed to give more detailed information on TB including negating popular myths about the disease, on DOTS, and the important role pharmacies play in ensuring the right treatment for TB patients. The businesswoman and the laborer also have poster renditions.

- Batch 3 targets families and households of TB patients. The objectives are to make families and households of TB patients better informed about TB and to motivate them to ensure proper treatment. Key messages include: TB is curable; family support through understanding, love, and involvement in the treatment ensures victory over TB; you can help ensure the best weapon against TB - early diagnosis and early, proper, and complete treatment; and DOTS is the best treatment for TB. Materials include a flyer that shows how a family member was greatly helped by the love and understanding of other family members to successfully overcome TB.

To validate the messages and the execution of the flyers, brochure, posters, and collateral awareness building materials, a pre-test was conducted prior to production. The pre-test was done to: a) to assess the general reaction, appeal, understandability, recall, and credibility of the developed materials; b) to determine specific strong elements that can be maximized as well as negative elements that can be strengthened or eliminated; c) to determine specific respondent reaction to and understanding of DOTS.

Two groups of respondents were tested: Group I was made up of non-TB patients while Group II was composed of TB patients currently undergoing DOTS treatment in a PPMD clinic for at least two months, and employed or with a regular source of income/financial support. Data gathering for Group I was done via a focus group discussions while for Group II was through in-depth, one-on-one interviews.

The key research findings were as follows:

- All the materials were generally well received and were noticed to fulfill certain specific purposes: eye-opener, hope, support, information.
- DOTS was not easily understood, even among TB patients
- Most came to the DOTS clinic by referral of friends, family, office, hospital or doctor.
- There was a general consensus to use lighter, "happier colors" for all materials
- There are two sections of the flyers which most of the respondents felt should be in all the flyers: enumeration of the symptoms and the DOTS 5 point strategy.
- The TB patients underscored the need to emphasize the importance of continuous treatment to prevent recurrence of the disease at a more serious level.
- The respondents found the situations relevant and credible.
- "Taglish" is a very acceptable and appropriate language to use.

The flyers, brochures and posters are to be distributed as follows:

- Flyers – in PPMD Clinics including company clinics, pharmacies; during orientation seminars in companies, schools, Barangays and other LGUs; during dialogues with civic, professional/occupational organizations and associations; during training seminars of health workers;
- Brochure – in PPMD Clinics including company clinics and pharmacies
- Posters – in PPMD Clinics including company and school clinics, pharmacies, company cafeterias, Barangay Halls and other LGU offices and association / organization offices.

To further support the awareness and consciousness building efforts for TB, its control and DOTS, the following additional materials will be made available to the PPMD clinics:

- Stickers – to be installed in public utility vehicles like jeepneys, tricycles, buses, public vans with a public service message to encourage the drivers to allow installation.
- Tarpaulin streamers/billboards – to be installed in high traffic locations within the PPMD Clinic catchment area; the basic message is TB is curable, consult a PPMD Clinic. The tarpaulin billboard can also be used as backdrop during orientation and training seminars and other special events.
- Mobile – decorative awareness building instruments that can be installed in the PPMD Clinics including company and school clinics, pharmacies, Barangay Halls, etc.
- Directional Sign – this will be installed within the vicinity of the PPMD Clinics to assist clients in finding the exact location of the clinic.

Provider capacity to market DOTS services strengthened

One of the major activities included in the demand generation plan is the conduct of a training specifically designed for Liaison/Marketing Officers of the PPMD Clinics and other staff members involved in marketing functions.

The training modules included a) updates on TB and DOTS; b) definition of social marketing and its different components; c) how to develop a social marketing plan; d) what is excellent customer service; and e) strengthening presentation skills. A further understanding of the components of social marketing and their role is key to be able to focus efforts and resources on the components that matter most in a given situation. Equipping the participants with the skill to prepare a marketing plan through a systematic process that comprehensively evaluates the operational environment is aimed at maximizing resources as well as formulating programs that will address the problems head-on. This portion of the training was enhanced by a workshop which required the participants to start preparing their clinic's social marketing plan and presenting this to the group for their feedback.

The module on customer service was aimed to make the participants more conscious about the needs and expectations of their clients. It was emphasized that because TB patients or those who are prospective patients are in a different state of mind (fearful and anxious or even in a denial stage), they need a special kind of understanding. Guests from Jollibee Foods Corporation and the Well Family Clinic shared actual experiences to further substantiate the customer service principles discussed. In addition, the module on strengthening presentation skills helped to make the participants aware of the importance of tailoring their key message to diverse audiences. The module also served to help the participants make their presentations more substantive and at the same time more interesting.

Next quarter targets

- Produce demand generation materials, distribute and disseminate to the various PPMD Clinics.
- Monitor the implementation of the social marketing plan especially a) the organization of community-based orientations seminars; b) conduct local events that will further create community support for the battle against TB i.e sticker program among public utility vehicles; c) the distribution of the letters to civic organizations and individuals who have the capacity and the willingness to sponsor indigent TB patients.
- Provide technical assistance to the PPMD Clinics in refining/revising their social marketing plans if necessary.
- Present the social marketing module at the allied health workers training
- Document best practices.

Task 4: Capacity Building

Deliverable 4: DOTS syllabus and training integrated in medical, nursing, pharmacy, medical technology schools and radiology association, and health providers enabled to engage in quality DOTS delivery

Summary of major accomplishments:

- Concluded MTBEA2 grants
- Provided technical assistance to MTBEA-initiated DOTS Centers
- Drafted scope of work for the MTBEA evaluation
- Continued technical support to pharmacy and medtech school associations to facilitate DOTS syllabus integration
- Conducted a leaders forum on the TBDC Consensus of the Phil College of Radiology
- Initiated negotiations with APMC on the DOTS continuity framework
- Initiated discussions with PhilCAT on capacity building and a possible grant

DOTS pre-service training capacity strengthened

Close-out of MTBEA2 grants

Preparing for the conclusion of MTBEA2 grants in September 2005, the majority of medical schools focused on ensuring full integration of DOTS modules into their respective curriculum. Among the activities conducted in this quarter were the finalization of modules based on the expert panel's evaluation, dissemination and reproduction of modules, and training of faculty and alumni

MTBEA grantees involved in twinning programs also started laying the groundwork for the DOTS continuity framework in conjunction with APMC. As an extension project, the WVSU MTBEA implementor launched integration of DOTS in the medical curriculum of Central Philippine University, a neighboring medical school in Iloilo. Deans and faculty of CPU College of Medicine attended a training/planning workshop at WVSU in October 2005. To formalize the partnership, a memorandum of agreement was also signed by CPU and WVSU presidents. CPU was provided with all teaching materials developed by Philippine TIPS and WVSU. Implementation started second semester SY 2005-2006.

Student and faculty research on TB also concluded during this quarter. A student's research on Drug Resistant Mycobacterium Tuberculosis among TB Symptomatics in Guimbal, Iloilo was judged *Champion* in the research contest held in Kuala Lumpur, Malaysia during the annual convention of the Asian Medical Students Association in July 2005.

TA to MTBEA-initiated DOTS Centers

Two MTBEA grantees, UERMMC and St. Louis University, have laid the groundwork for the establishment of their own DOTS centers. Political commitment of their administrations, the DOTS centers will be housed in their teaching hospitals and refurbishment of the proposed DOTS centers is almost complete. Proposed DOTS personnel (nurses, DOTS administrators, and microscopists) were trained and certified by the DOH. The two DOTS clinics will be operational by January 2006.

Last October and December 2005, Philippine TIPS visited St. Louis University and UERMMC, to assess the DOTS clinic and recommend enhancements to ensure that the two clinics are ready for DOTS certification. Necessary documents such as User's Guide to the Certification, CUP, Handbook for Quality DOTS and NTP forms were also given to the DOTS centers. The project will provide technical assistance and monitoring visits and APMC will provide future technical assistance under the DOTS continuity framework.

The project also visited Paknaan DOTS Center in Cebu to ensure continued operation of the CIM-supported DOTS clinic. During the site visit, the MTBEA implementers and the DOTS Center Administrator were optimistic about the continuity of the DOTS center but also expressed that the coordination issues with DOH regional office in Cebu can be a barrier to the clinic's continued operations.

MTBEA evaluation

As the second round of MTBEA grant implementation is complete, Philippine TIPS seeks to provide an outline of lessons learned and best practices in DOTS syllabus integration in the medical schools and the Master TB Educator Award (MTBEA) Program. The MTBEA evaluation will assess the contribution made by this initiative to the overall project goals and objectives. Initially, this was conceptualized as an external evaluation, involving WHO, DOH and other stakeholders. After further discussions with the collaborating partners, there was a consensus for Philippine TIPS to hire short term consultants to work on this assignment from January to March 2006.

Negotiations with APMC on the DOTS Continuity Framework

Following the meeting of medical school the deans in July 2005, APMC agreed to focus on twinning arrangements with the MTBEA implementers as the "mother" institution to assist non-MTBEA schools to integrate DOTS into curricula. APMC will modify twinning mechanisms to focus on three or four additional schools and concentrate on the DOTS integration component (rather than also covering establishment or linkage to DOTS centers in all the teaching hospitals and training within catchment areas of alumni professional health personnel.) A P200,000 fund will be provided to each of the twin schools to fully integrate DOTS into their curricula. The criteria for selection of the twin schools is being finalized.

A grant will also be given to APMC as a mobilization fund. The grant agreement is expected to be signed in January 2006 and implementation is slated for February.

DOTS integration in the allied health professional schools

Following the August 2005 Trainer's training of the DOTS syllabus in the three allied health school associations, the DOTS modules developed by Philippine TIPS have been disseminated by the various allied health professional school associations to their member-schools. The Phil. Association of Colleges of Pharmacy (PACOP) has trained the deans and faculty of its 43 member schools in October 2005 while the Phil. Association of Schools of Medical Technology and Public Health (PASMETH) provided an orientation of the DOTS modules to its 60 member-schools during the PAMET conference last December 2005. Copies of the DOTS Syllabus and CUP were distributed in the two activities.

Furthermore, technical and logistical support was also provided to UP College of Pharmacy and UP College of Medicine to present the DOTS integration strategy for pharmacy and medical schools at an international conference in Thailand in November 2005. The presentation on the Pharmacy DOTS Integration Strategy was selected for the best presentation award at the conference.

DOTS in-service training capacity strengthened

TBDC consensus of the Philippine College of Radiology

The Philippine College of Radiology (PCR) is an important partner in TB control efforts, especially in the area of diagnosis. In last quarter of 2005, Philippine TIPS concretized PCR's support to TB-related initiatives through a TB Diagnostic Committee (TBDC) Consensus Forum for radiologists. The forum updated radiologists on the current TB situation, the National TB Program and current control efforts. It also addressed the different concerns of radiologists in the context of TB control and embark on strategies to disseminate relevant information among PCR members. The TBDC Consensus Forum was attended by 32 PCR members and training officers from accredited training hospitals, as well as representatives from the provinces and other chapters.

PCR Board Members also agreed to network with the DOH through TBDC and DOTS clinics and disseminate information within PCR ranks through the establishment of a website, updates in newsletters, and production of other published materials. PCR committed to include TB topics during their annual convention and through residency training council and regular seminars among radiologists, to highlight the College's recommended radiographic terms. A memorandum of understanding between PCR, Philippine TIPS, and other partners will be signed during the upcoming quarter.

PhilCAT institutional capacity strengthened

Upon extension of the Philippine TIPS project, earnest negotiations with PhilCAT were initiated. PhilCAT has expressed interest in focusing on three areas: (1) strengthening of local coalitions (2) World TB Day advocacy support, and (3) financial management assistance. Under discussions are integrating Philippine TIPS-tested activities (such as PDI, DOTS integration in medical and allied health schools, PPMD Centers), and strengthening local PhilCAT coalitions and linkages across local coalitions. Negotiations will be concluded in early 2006.

Stakeholders of the certification and accreditation process supported

As of December 2005 a total of 206 DOTS centers had been certified, 94 of which have been accredited. Philippine TIPS continues to stay abreast of certification activities despite the fact it has turned over most of these activities to DOH and PhilCAT. During the year-end National TB Program managers meeting, different regions and the national NTP expressed the desire for Philippines TIPS to provide continued technical assistance in the area of improving and accelerating certification and accreditation.

Next quarter targets

- Evaluate MTBEA and document best practices
- Implement DOTS Continuity Program
- Implement PhilCAT institutional capacity building
- Support World TB Day Celebration

Task 5: Communications

Deliverable 5: Promote the DOTS strategy to private providers using behavior change communications (BCC), provide communications support to project tasks, and disseminate project's success stories and lessons learned.

Summary of major accomplishments

- Completed production of DOTS clinic seal to enhance branding; signage of referring doctors under development
- Patient education and DOTS-promotion prototypes under development or completed (drop banner; wall calendar)
- Academic detailing kit completed
- Project results and best practices disseminated by participation in the 2006 IUATLD and APHA annual conferences
- Advocacy and training videos in final post-production
- Professional photography of PPMD clinic activities completed
- Project profile updated
- Assistance provided in development of first-ever DOH Health Promotions Guidebook for the NTP
- Electronic version of CUP 2004 completed
- Increased news media coverage of TB stories

Communications support to DOTS clinics

DOTS clinic branding

Philippine TIPS completed the design and production of a seal to brand all assisted DOTS clinics (see Annex F). The branding aims to raise visibility and help generate higher demand for clinic services. Clinic signs with the seal have been distributed to 20 DOTS clinics located in 15 major urban centers. Measuring 22 by 22 inches, the outdoor acrylic signs are now being installed by the clinics to attract clients and identify clinics as qualified DOTS providers. The signage emphasizes the clinics' delivery of quality and affordable DOTS service to all its clients. The signs also incorporate the logos of institutional partners, including the Department of Health, Philippine Health Insurance Corporation, PhilCAT, and USAID.

Signage for referring doctors

To complement the PPMD clinic sign, Philippine TIPS is currently developing signage for doctors in the project sites who are DOTS-certified by PhilCAT and actively referring TB patients to the PPMD clinics. Measuring 6 by 6 inches, this referring MD sign combines graphic elements of the project's PPMD clinic seal and PhilCAT's own PPMD logo. The sign will identify referring doctors as associated with Philippine TIPS clinics, thereby reinforcing their partnership with the clinics.

BCC materials to support patient education and DOTS-promotion

Collateral branding material that uses the PPMD clinic seal is currently in the development stage. This consists of a drop banner, approximately 2 by 6 feet, to be distributed to all clinics assisted by the project. The banner focuses on patient education by emphasizing symptoms recognition, curability of TB, risks of self-medication, and effectiveness of DOTS. The drop banner uses the same slogan developed by the demand generation component (i.e., "DOTS at Ako, Panalo!" -- "With DOTS, I'm a Winner!").

Agape Rural Program, Inc. DOTS Center produced a 2006 wall calendar with the message, "Fight tuberculosis; we need DOTS." The calendar is a strategic choice of medium to deliver the clinic's DOTS message because wall calendars are popular in Filipino homes and offices.

Evidence-based interventions to increase DOTS-engaged MDs

Philippine TIPS has completed the production of an academic detailing kit entitled "DOTS, You, and Your TB Patient" to help assisted DOTS clinics expand their network of referring doctors (see Annex F). The kits are tools for clinic marketing officers to use during visits to potential referring doctors. During the visit, the marketing officer's objective will be to either create a new or strengthen an existing relationship between the doctor and the PPMD clinic.

The kit consists of four detailing sheets on the following topics:

- What is DOTS?
- Benefits of working with our DOTS clinics
- Burden of TB illness and DOTS
- Outpatient TB DOTS Benefit Package of the Philippine Health Insurance Corp. (PhilHealth)

In addition to the detailing sheets, a contact sheet is included to serve as a planning and monitoring tool by marketing officers. Approximately 1,000 kits have been produced for distribution. Marketing officers received orientations on the use of these materials in workshops held in Manila and Cebu City.

Dissemination of project results and lessons

Philippine TIPS at the 2005 IUATLD Conference

During this reporting period, Philippine TIPS successfully carried out its most important information dissemination activity for 2005, namely, its highly visible participation in the annual International Union Against Tuberculosis and Lung Disease (IUATLD) conference, held October 2005 in Paris, France.

Sponsored symposium Philippine TIPS sponsored a 2-hour symposium with the theme "Engaging the private sector: scaling up and sustaining private-public mix DOTS (PPMD) models in the Philippines". In partnership with the Department of Health and Philippine Coalition Against Tuberculosis, the symposium presented lessons learned and best practices derived from the project. Symposium presentations discussed the scaling up of TB control in the private sector by describing PPMD replication, operational research models, strategies to create an enabling policy environment for private practice in DOTS, advocacy for quality DOTS TB care, the use of communications research to mobilize news media coverage of TB, and collaboration with the medical schools.

Objectives of the symposium were to: Understand innovation in delivering PPMD in a high burden TB setting; provide an overview of strategies for expanding delivery of quality DOTS through PPMD initiatives; review the outcomes of these strategies; and, understand how this is relevant to other countries. To support its information dissemination efforts, Philippine TIPS prepared a variety of handouts for the symposium, including a data CD, updated project profile, response sheet, and success stories.

Responses were given by Mukund Uplekar, MD, Medical Officer, World Health Organization-Stop TB and Ethelyn Nieto, MD, Undersecretary, Department of Health, Government of the Philippines. Dr. Uplekar acknowledged the gains made by Philippine TIPS in policy, program operations, provider training and certification, and social preparation. He stressed the importance of TB champions, the enthusiasm of the private sector, the open and interested leadership of the government TB program, and the growth of local anti-TB coalitions.

Undersecretary Nieto hailed the Philippine TIPS project as "an example of how the private sector can be mobilized." She noted that the private sector is not merely confined to delivery of TB services, but also participated in key areas of policy development, communication and advocacy, capacity building, and

innovative approaches through operational research. Undersecretary Nieto said further: "The private sector is an important support in the country's National TB Program. The Department of Health shall continue to foster their contributions to sustain the gains and uphold their propelling energies."

Participation in other Union conference events. Members of the Philippine TIPS delegation also participated in planning workshops, poster presentations, post-graduate trainings, and post conference workshops. These included the following:

- Post graduate training presentation, "Training and Supervision of Pharmacists in the Philippines"
- Oral presentation, "The Manila Journalists Workshop"
- Poster presentation, "Integrating the National TB Program and the DOTS strategy into the medical curriculum"
- Poster presentation, "Pharmacies as effective allies of the national TB control program,"
- Post-conference workshop participation in "Evaluating TB incentives and enablers in the context of scale-up."

Philippine TIPS at the 2006 APHA Annual Conference

Philippine TIPS delivered six presentations during the 133rd American Public Health Association Annual Meeting and Exposition held in Philadelphia, December 10 to 14, 2005. The presentations were:

- "Measuring the Burden of Disease and Economic Consequences of Tuberculosis in the Philippines"
- "Enhancing the Role of the Private Sector in TB Control"
- "TB-DOTS Delivery through a Multi-sector Provider Network in the Philippines"
- "Investigating How the News Media Covers TB Stories in a High-Burden Country like the Philippines"
- "Pharmacists - DOTS Private Sector Partners in the Philippines"
- "TB-DOTS Baseline Study of Private Providers in the Philippines"

Documentation of project experiences and lessons learned

Stakeholder advocacy and training videos

Philippine TIPS completed taping for two advocacy and training videos. The primary target audiences are private practitioners, drugstores, companies, NGOs, and other stakeholders. The videos document private sector DOTS initiatives and share the experiences of the Philippine TIPS project in TB control. The intention of the videos is to promote and encourage the private sector to adopt DOTS and utilize the documented experiences as a tool for learning and replication.

The first video provides a comprehensive overview of the role of the private sector in TB control. The videos feature interviews of those engaged in or who support strong private sector participation in DOTS, including PhilCAT Chair, President of the Philippine College of Occupational Medicine; Dole-Stanfilco; Department of Health; DOTS Administrator, People's Adoption to Total Health Sufficiency; and a Master TB Educator. The videos also contain interviews of TB patients, pharmacists trained by the project's Pharmacy DOTS Initiative, and PPMD clinic staff members.

The second video describes the lessons and gains of the Philippine TIPS project. It discusses the multi-pronged approach of the project to engaging the private sector in TB control.

Expected release of both videos is January 2006.

Documenting images of project activities

Philippine TIPS arranged for professional photography of project-related activities in two PPMD clinics, the Canossa Social Health Center in Manila, and the St Dominic Medical Center TB DOTS Clinic in the

Municipality of Bacoor, Cavite. These professional photographs now constitute the project's collection of professional images that can be used in communication materials and presentations. They supplement the project's existing image bank.

Increased cooperation between public and private sector in TB DOTS

DOH TB health promotions guidebook

Philippine TIPS facilitated a DOH writeshop aimed at developing a health promotions guidebook for the National TB Control Program. The writeshop for 25 participants was conducted in October for DOH Health Education and Promotion Officers, Information Officers, officers of the National TB Program, officers of the National Center for Health Promotions, and representatives of DOH Centers for Health Development Regional Offices, and the Cordillera Administrative Region (CAR). Also participating were representatives of Tropical Disease Foundation and World Vision Development Foundation.

The writeshop served as a follow up activity for the NTP Manual of Procedures (MOP) Writeshop which Philippine TIPS facilitated in June 2004. During that MOP writeshop, health promotions was identified as an important component in fighting TB. Because the DOH did not have a uniform set of guidelines for health promotion activities in support of the NTP, it requested the partnership of Philippine TIPS in developing a guidebook that DOH NTP workers could use in carrying out TB communication and promotion activities. In particular, the DOH wanted a guidebook that would contain uniform messages and guidelines for carrying out TB IEC at different operating levels -- from the national all the way down to the grassroots.

The guidebook content include the following:

- NTP program 's vision, mission, and goals, and key policies
- The five general action areas for health promotion
- Main messages, target audiences, and strategies for health promotion for the NTP: Advocacy, Social Mobilization/Community Organizing, Health Education, Social Marketing
- Success indicators for NTP health promotion
- Linkage to other DOH programs

The first draft of the guidebook is currently undergoing review by the DOH's National Center for Health Promotion and the National Center for Disease Prevention and Control. Follow through plans include a consultation meeting on the guidebook with partners from the private sector, followed by a soft launch.

Electronic version of CUP 2004

At the request of the DOH, Philippine TIPS completed an electronic version of the Comprehensive and Unified Policy for TB Control in the Philippines (CUP 2004). The electronic copy is intended for distribution on data CDs and in the websites of the DOH and other partner agencies, including NGOs such as the Philippine Business for Social Progress.

Support to PhilCAT website

As part of its support to PhilCAT, Philippine TIPS provided technical and financial assistance to construct the official PhilCAT website (<http://www.philcat.org>). Philippine TIPS incorporated into the PhilCAT website a Content Management System, a software backdoor program that makes it simple and easy to update website content. During the reporting period, Philippine TIPS organized a 1-day hands-on seminar to train PhilCAT staff on how to update website content.

News media coverage of TB stories

During the reporting period community press (local circulation, published outside of Manila) displayed growing interest in reporting TB stories. Many of the stories were prompted by earlier Philippine TIPS advocacy and networking activities.

Headline	Newspaper/Date
"ZCMDS Public-Private Mix DOTS Center receives Quezon Award"	DAILY ZAMBOANGA TIMES, 21 September 2005
"Department of Labor and Employment issues guidelines for TB-free workplace"	SUNSTAR ILOILO, 22 October 2005
"Labor union wants health probe on workers for possible TB outbreak"	SUNSTAR CAGAYAN DE ORO, 2 November 2005
"QC launches 'Sagip Baga'"	THE PHILIPPINE STAR, 3 November 2005
"South Cotabato health officers want local law on dispensing anti-TB drugs"	MINDANEWS, 14 November 2005
"Health officers seek stiffer rules in anti-TB drugs sale"	SUNSTAR GENERAL SANTOS, 21 November 2005
"Local law sought on 'no dispensing' of TB drugs"	MANILA BULLETIN, 26 November 2005
"Too little for health care in DOH budget, says group"	PHILIPPINE DAILY INQUIRER, 29 November 2005

In November, a project-assisted PPMD clinic -- the Agape Rural Program, Inc. DOTS Center -- Your Lung-Friendly Clinic -- in partnership with the Rotary Club of Puerto Princesa conducted a successful press briefing for local media. The briefing informed local press about the TB burden in Puerto Princesa City, advocated for news media support in making the city TB-free, and launched the new PPMD clinic signage. The briefing resulted in two new stories in ANG DIYARYO NG PALAWEÑO and one in Palawan Sun Newsweekly. As part of its assistance to the press briefing, Philippine TIPS prepared a press information sheet entitled "Agape DOTS Center's Response to the TB Situation in Puerto Princesa City".

Next quarter targets

- Provide communications support to DOTS clinics
- Support evidence-based BCC interventions to help increase the number of DOTS-engaged MDs
- Support the development of BCC materials for patient education and providers' DOTS-promotion work
- Provide communications support to project tasks and DOTS models
- Disseminate project results and lessons learned to the national and international TB community through success stories, new exchanges among partners, publications, special events, and documentation of best practices
- Monitor news media coverage of TB stories
- Prepare best practices papers

Task 6: Monitoring and Evaluation

Deliverable 6: Project data collected, analyzed and utilized to ensure effective performance monitoring and to identify future data needs

<p>Summary of major accomplishments</p> <ul style="list-style-type: none"> • Identification of baseline data needs

Baseline data needs for 2005-2009 identified

Philippine TIPS, along with members of the Operations Research Working Group, in particular, the Philippine Business for Social Progress and the Philippine Health Insurance Corporation, identified and compiled a listing of project- and sector-wide data needs on tuberculosis for 2005-2009. A copy of the document may be found in Annex E of this report

DOTS models and private sector interventions evaluated and lessons learned documented and disseminated

Major lessons learned consist of the following: the Pharmacy DOTS Initiative, social marketing efforts to increase demand for PPMD services, training of private providers, Sagip Baga initiatives in Quezon City, the MTBEA, the grants program, and TB in the formal workplace and informal workforce. The table below shows the objectives of these interventions, their objectives, evaluation status, and lessons learned.

Table 1. Project Interventions and Lessons Learned, as of December 2005.

Project Interventions	Objectives	Evaluation Status	Lessons learned
The Pharmacy DOTS Initiative	To discourage self-medication, improve dispensing practices and promote DOTS	Partially completed: regular monitoring and mystery shopper approach	<ul style="list-style-type: none"> • Local stakeholder involvement from the beginning helps to ensure sustainability • Effective social marketing overcomes initial resistance to innovation. • Monitoring and feedback helps improve performance.
Social Marketing	To increase to 50% the ratio of paying clients to total and achieve at least a 20% recovery of operational cost.	To be developed.	
DOTS Training for Health Professionals	To improve DOTS knowledge and practice among physicians	<ul style="list-style-type: none"> • Evaluation conducted in various stages through pilot testing, experts panel review, and post-training evaluation • Various DOTS training courses already incorporated in the training program of professional societies, allied health schools, and organizations 	<ul style="list-style-type: none"> • DOTS training for providers is an important tool in engaging the private sector to adopt DOTS, as evidenced by the Private Provider Study
Sagip Baga	To support local government's efforts to promote DOTS using the	To be evaluated	<ul style="list-style-type: none"> • Previously untapped private institutional resources can be mobilized to enhance local TB

Project Interventions	Objectives	Evaluation Status	Lessons learned
	zonal approach		<p>control efforts.</p> <ul style="list-style-type: none"> Advocacy and communications are critical tools for enhancing partnership with the private sector.
MTBEA	To integrate TB DOTS into medical schools and develop local champions on TB among upcoming DOTS private providers	To be evaluated	<ul style="list-style-type: none"> MTBEA grant is a powerful instrument to institute innovative strategies in medical schools. Medical schools are influential venues in molding medical students, alumni and the community to adopt DOTS. MTBEA can significantly hasten the full integration of DOTS in the medical curricula.
The DOTS Grant Program	To increase the accessibility of TB services through a grant to local DOTS facilities.	<ul style="list-style-type: none"> Regular monitoring and supervision conducted with the use of the revised monitoring tool Quarterly Report of Accomplishment submitted, validated and analyzed 	<ul style="list-style-type: none"> A regular Exit Feedback Session can enhance clinic performance, management and operations Social Marketing activities can increase demand among paying TB patients, and enhance clinic visibility, service promotions and overall income generation of DOTS clinic towards cost recovery.
TB in the Workplace	To leverage on the business sector's CSR and promote DOTS in the workplace	Second Accomplishment Report (Sept -Nov 2005) submitted	<ul style="list-style-type: none"> Acceptance of DOTS depends on understanding by management leadership of the economic implications of TB disease in the workplace. DOTS in the workplace became a factor of quality health service provision and promotion in the company.
Communications	To promote the DOTS strategy among private providers, support project tasks, and disseminate project achievements	To be evaluated	<p>Emerging best practices:</p> <ul style="list-style-type: none"> Audience and environment analysis are critical to developing key messages and communication interventions. A communications strategy must be evidence-based and formulated using an integrated approach. Choice of channels for communications, advocacy and BCC must be strategic and evidence-based. Effective partnership with the news media enhances the attainment of TB advocacy objectives.
Certification System	To ensure quality DOTS service provision	Internal and external evaluations conducted	<ul style="list-style-type: none"> Certification ensures quality assurance at health facility and provider levels. Certification standards need to be upheld by major stakeholders.

Note: An updated performance monitoring plan is provided in annex A.

SECTION III

Outstanding Issues and Measures Taken or Options to Address Them

- Several constraints related to the performance of the turned over sites have been identified: (1) inexperience in the expansion of PDI to include non-PDI pharmacies, 2) insufficient understanding by stakeholders in the turned over sites on how to operationalize the monitoring of pharmacy performance and estimation of their contribution to case finding/detection; 3) lack of coordination among the members of the PDI Task Force in the turned over sites.

Hence, local stakeholders in the turned-over sites will need more technical assistance in sustaining the monitoring of PDI performance. There is a continuing need for guidance in these which the PDI team cannot fully address because of budget constraints. Nonetheless, the efficient and timely monitoring of the program is crucial since data obtained from these sites will serve as comparison to data being obtained in the Philippine TIPS-retained PDI sites. This analysis will give an idea how PDI will perform once turned over to local stakeholders. A way to address these issues is the proposal to involve the local TB coalition in the monitoring process and ensuring that the extent of collaboration among the players is maximized.

- Because of the late start date of the IPHM subcontract, the length of the private provider study has been restricted to nine months, allowing only two and a half months for data collection (from February to mid-April). This may result in difficulty in obtaining the targeted sample size for the study. The project will assess the situation one month after data gathering to determine appropriate measures to be taken should obtaining the desired sample size prove to be unfeasible.
- There is a problem of getting feedback from intended users of the replication guidelines, despite follow-up from the DOTS specialists. This has caused delays in the finalization of the replication guidelines.
- Another pending activity is the MOU signing of DepEd with the HMOs, due mainly to reorganization in the department. Follow-up of this task with DepEd is scheduled during the next quarter.
- An effective mechanism for soliciting responses from the DOTS clinic on the revised Quarterly Monitoring Checklist should be used. The checklist focuses on Performance Indicators for the structure, organization, and operations of DOTS Clinics. These reports were designed to be collected on-site by the respective DOTS Technical Specialist during the scheduled regular monitoring visits to the DOTS clinics. The reduced frequency of the monitoring visits due to budgetary constraints failed to collect the feedback response on time for the regular quarterly reports. Feedback response can be facilitated by the respective DOTS Clinic Administrators and sent to each respective DOTS Technical Specialist through speed mails with caution on reducing the bias during the processes of opening the response boxes and mailing the patients' responses.
- Cross-cutting activities within the different tasks need to be effectively scheduled and facilitated within the project. Activities such as DOTS clinic installations as part of a continuing initiative in the Master TB Educator Award, technical assistance to IPHM and PDI activities, and in the Sagip-Baga TB Free drives in Quezon City need to be prioritized and matched with the existing and remaining schedules for technical assistance.

ANNEXES

ANNEX A

Performance Monitoring Plan

Indicator/Definition	Baseline Value	Actual Value End of 13 th Quarter	Target Value
1. TB treatment success rate	n/a	88%	85%
2. Number of certified DOTS engaged medical doctors	0	<ul style="list-style-type: none"> 1100 total certified DOTS MDs (including TIPS, TBDC and PhilCAT) 704 certified MDs in TIPS sites of which 475 are referring MDs 	600
3. Number of certified private DOTS programs/clinics/centers	0	<ul style="list-style-type: none"> 41 PhilCAT-certified <u>private</u> PPMD units out of 153 total nationwide 23* PhilCAT-certified PPMDs directly supported by the project, of which 15 are PHIC-accredited (*includes 20 original TIPS grantees and 3 units previously supported by CDC/PhilCAT) 	31
4. Practice of private physicians on DOTS in 25 sites (measured twice during life of project)	n/a	20%-25%	50%
5. Number of organizations with covenants to provide quality DOTS services and TB patient rights expanded	0	15 covenants: <ul style="list-style-type: none"> 6 societies 2 pharmacy chains 2 pharmacies PhilHealth 2 companies 2 Rotary districts 	13
6. Access of private sector to TB health services financing and affordable and quality TB drugs	0	24 private clinics have access to medicines: <ul style="list-style-type: none"> 20 TIPS grantees 4 workplace clinics PhilHealth TA partially accomplished 	Coordination of improved benefits piloted (PhilHealth package and PDF)
7. Proportion of Philippine TIPS-supported TB DOTS centers with 85% treatment success rate*	n/a	65%	n/a

**Indicator #7 is not part of the Philippine TIPS contract Performance Monitoring Plan*

ANNEX B – PPMD PERFORMANCE

Table 1. Performance Indicators for the Structure, Organization and Operations of DOTS Clinics

Site	Waiting Time* (minutes)	Comfort* (% Score)	Accessibility* (% Score)	Staff Meetings (% Score)	Completeness of Records		
					Treatment Card (% Score)	TB Registry (% Score)	Laboratory Registry (% Score)
Agape	19	98 %	99 %	-	-	-	-
Colabato	16	98 %	98 %	83 %	100 %	100 %	100 %
Canossa	-	-	-	200 %	86 %	100 %	100 %
Cebu	32	92 %	93 %	200 %	100 %	100 %	100 %
DLSU	26	96 %	94 %	-	-	-	-
Angeles	17	98 %	98 %	150 %	78 %	77 %	-
Kaltab	-	-	-	100 %	70 %	95 %	74 %
Premier	-	-	-	100 %	100 %	95 %	89 %
PTSI	52	98 %	98 %	-	-	-	-
St Anthony	17	98 %	98 %	50 %	90 %	100 %	-
St Dominic	32	96 %	99 %	33 %	100 %	100 %	100 %
UST	21	93 %	85 %	33 %	100 %	80 %	-
Caremeds	15	99 %	99 %	0 %	63 %	63 %	92 %
RTR	15	98 %	98 %	33 %	86 %	21 %	100 %
VVMF	25	92 %	96 %	-	-	-	-
Zamboanga	32	93 %	96 %	83 %	63 %	100 %	94 %
Average	22	96 %		89 %	86 %	86 %	94 %

* Updated until December 31, 2005

Table 2. Performance Indicators for the Processes of Patient Care in DOTS Clinics

Site	3x Sputum Exam	Treatment Started in < 7 Days for Positive	Household Contact Tracing	Supervised Based on Protocol	Consultation Satisfaction* (% Score)	Patient Knowledge, Attitude and Practice*
Agape	-	-	-	-	99 %	66 %
Cotabato	100 %	100 %	0 %	100 %	98 %	60 %
Canossa	96 %	83 %	96 %	100 %	-	-
Cebu	100 %	93 %	76 %	100 %	96 %	65 %
DLSU	-	-	-	-	99 %	65 %
Angeles	81 %	100 %	88 %	97 %	98 %	65 %
Kaltab	100 %	100 %	0 %	95 %	-	-
Premier	95 %	100 %	7 %	-	-	-
PTSI	-	-	-	-	99 %	79 %
St Anthony	100 %	100 %	0 %	100 %	98 %	70 %
St Dominic	100 %	100 %	0 %	100 %	100 %	64 %
UST	100 %	100 %	0 %	100 %	94 %	59 %
Caremeds	92 %	100 %	0 %	77 %	99 %	71 %
RTR	100 %	100 %	0 %	93 %	100 %	84 %
VVMF	-	-	-	-	98 %	76 %
Zamboanga	94 %	100 %	0 %	100 %	100 %	62 %
Average	96 %	98 %	22 %	96 %	98 %	70 %

* Updated until December 31, 2005

Table 3 . Performance Indicators for the Outcomes of Care (April-June 2005 Cohort)

Site	Quarterly Target Enrollees	Cases Enrolled to Date	Sputum Conversion*	Success Rate of All Sm(+)	Completion Rate* of Sm(-)	Overall Success Rate*
Agape		21	100 %	86 %	-	86 %
Cotabato		16	100 %	88 %	100 %	94 %
Canossa		-	-	-	-	-
Cebu		18	-	-	-	-
DLSU		114	91 %	93 %	90 %	91 %
Angeles	75	39	100 %	100 %	86 %	90 %
Kalab	60	45	100 %	83 %	75 %	81 %
PATHS		-	94 %	94 %	100 %	95%
HMRG		-	100 %	88 %	92 %	89 %
Premier	39	34	100 %	79 %	90 %	83 %
PTSI		75	97 %	97 %	100 %	97 %
St Anthony		17	88 %	78 %	100 %	87 %
St Dominic		27	100 %	100 %	100 %	100 %
UST		35	100 %	-	100 %	67 %
Caremeds		25	100 %	68 %	91 %	73 %
RTR		25	100 %	90 %	86 %	87 %
VVMF		26	64 %	67 %	100 %	71 %
Zamboanga		26	100 %	88 %	100 %	90 %
Average/Total			95 %	84 %	92 %	88 %

* Updated until December 31, 2005

Table 4 . Performance Indicators for the Sustainability of DOTS Clinic

Site	Social Marketing	Referral from Physicians	Affordable User Fee	Financial Reporting System	Percent of Paying Patients	Percent Cost Recovery
Cotabato			Yes	55%	100 %	12.%
Canossa			Yes	55%	92 %	43.%
Cebu			Yes	0	-	0
Angeles			Yes	40%		20%
Kalab			Yes	40%	80 %	8%
Premier	100 %	100 %	Yes	40%	100 % (lab)	5%
St Anthony	100 %		Yes	40%	100 % (lab)	8%
St Dominic	50 %		Yes	40%	-	14%
UST	50 %		Yes	55%	100 % (lab)	Not available
Caremeds			Yes	55%	100 %	28%
RTR			Yes	0	-	0
Zamboanga			Yes	55%	50 %	10%
HMRG			Yes	0		0
PATHS			Yes	40%		8%
PTSI			Yes	40%		5%
Dagupan			Yes	40%		46%
ARP			Yes	85%		24%
Average						

ANNEX C

PPMD Certification and Accreditation Status

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

**Assessed and certified by PhilCAT and accredited by PHIC prior to the Philippine TIPS grant*

ANNEX D

PDI Training Summary

Table 1. Distribution of Training Participants by Training Details, Test Scores, and Evaluation Results by Site, November 2006

	Site	Date	Training Days	Batches	Total Pax	PreScore	PostScore	Evaluation
1	Cavite	Oct 4-18	10	17	470	5.7	7.4	3.6
2	Cebu	Oct 2-20	9	24	697	5.5	7.4	3.5
3	Iloilo	Oct 4-13	5	10	275	6.5	8.2	3.7
	Summary			51	1442	5.9	7.7	3.6

Table 2. Distribution of Training Participants by Type Designation, by Gender, and by Site, November 2006

	Site	Total Pax		Management Staff		Pharmacists		PAs		Other Stakeholders		Female		Male	
1	Cavite	100%	470	18%	83	10%	46	61%	288	11%	53	88%	413	12%	57
2	Cebu	100%	697	14%	97	15%	107	67%	467	4%	26	91%	634	9%	63
3	Iloilo	100%	275	9%	26	25%	69	64%	177	1%	3	93%	255	7%	20
	ALL SITES	100%	1442	14%	206	15%	222	65%	932	6%	82	90%	1302	10%	140

ANNEX E

Project and Sector-Wide Data Needs on Tuberculosis for 2005-2009

	Topic	Scope	Type
1	National TB Health Accounts	sector	information need
2	TB Prevalence by Regional Breakdowns	sector	information need
3	Number of Private and Public health facilities (hospitals and clinics) delivering DOTS services by Regions and Cities	sector	information need
4	Number of DOTS-enabled Pharmacies	sector	information need
5	Number of DOTS-enabled Private School Clinics	sector	information need
6	Number of DOTS enabled Private Physicians	sector	information need
7	Quality of DOTS services in various PPM arrangements	sector	information need
8	Involvement of private organizations in TB control	sector	information need
9	List of different groups involved in TB advocacy and the location nature of their work throughout the country	sector	information need
10	Financing for TB drugs for the next 20 years	sector	information need
11	Comprehensive TB registry (perhaps using PHIC MIS as core)	sector	information need
12	Percentage of total government health budget allotted to TB control	sector	information need
13	Quality assurance in public and private microscopy centers	sector	information need
14	Different arrangements of shared resources – private access to public health laboratories and public outsourcing to private laboratories (highlighting best practices)	sector	information need
15	Number of active referring physicians in Philippine TIPS sites ¹	project	information need
16	Magnitude and socioeconomic status of TB patients being managed by referring physicians in Philippine TIPS sites	project	information need
17	Percentage of PHIC-covered clients accessing DOTS clinics	project	information need
18	Percentage of referrals from various sources and magnitude of walk-ins	project	information need
19	Socioeconomic profiles of TB patients accessing Philippine TIPS DOTS clinics ²	project	information need
20	Cost of availing DOTS treatment in DOTS clinics until treatment completion	project	information need

¹ Not yet available; will be obtained from the second provider study

² Available from DOTS Clinic performance monitoring reports

	Topic	Scope	Type
21	List of cost recovery schemes implemented in the Philippine TIPS DOTS clinics	project	information need
22	Percentage of clinics obtaining 85% success rate ³	project	information need
23	Clinic Performance indicators in Philippine TIPS DOTS clinic sites	project	information need
24	Supervision of DOTS treatment arrangements in Philippine TIPS sites	project	information need
25	IEC materials and activities provided by SDPs/physicians and client KAP in Philippine TIPS sites	project	information need
26	Extent of data utilization in monitoring patient adherence and clinic performance in DOTS clinics	project	information need
27	Incentives for adoption of DOTS in the workplace (CSR, ISO certification)	project	information need
28	Analysis of performance of different types of PDI pharmacies ⁴	project	information need
29	Characteristics of referred PDI clients who do not access DOTS clinics	project	information need
30	PDI Performance ⁵	project	information need
31	Percentage of PDI clients not referred but bought drugs (by prescription status) ⁶	project	information need
32	Practices of TBDC in TB control	sector	research study
33	Demographic and socioeconomic correlates of TB Prevalence in the Philippines	sector	research study
34	A comparison of Private and Public health facilities by DOTS Performance	sector	research study
35	The contributions of Pharmacies in Decreasing self-medication, drug adherence and patient access to DOTS clinics	sector	research study
36	TB in Institutional Populations (e.g. Schools, Dormitories, Prison, etc.)	sector	research study
37	Quality and timeliness of recording and reporting system in DOTS clinics	sector	research study
38	Feasibility of aggregating and linking facility-based data to the national TB registry	sector	research study
39	Financial implications of setting up a functioning MIS in service delivery points (SDPs) and laboratory	sector	research study
40	Correlates of patient adherence and default rates TB knowledge, attitudes, and practices (KAP) of different types of patients in DOTS clinics	sector	research study
41	Prevailing clinical practices dealing with side effects of TB drugs in DOTS clinics	sector	research study
42	A study of program processes and outcomes in hospital DOTS models	sector	research study
43	Factors affecting TB drug supply in DOTS clinics	sector	research study
44	A process study of different referral systems in DOTS management	sector	research study

³ Available from DOTS Clinic performance monitoring reports

⁴ Available from PDI performance monitoring reports

⁵ Available from PDI performance monitoring reports

⁶ Available from PDI performance monitoring reports

	Topic	Scope	Type
45	Current TB management and follow-up practices in public and private DOTS facilities at different settings	sector	research study
46	Effects of different types of incentives (meals, transportation), convenience (shorter travel distance, delivery to work places, etc.) and reminders (by phone or text, written reminders) on adherence and treatment outcomes among TB patients	sector	research study
47	Types of TB health-seeking behavior practiced among indigenous people and other marginalized groups	sector	research study
48	Effects of financing by HMOs upon provider adherence to DOTS protocols	sector	research study
49	Quality of microscopy in DOTS clinics and referral centers	sector	research study
50	Why TB symptomatics and patients do not seek and/or delay seeking medical consultation/treatment	sector	research study
51	Client satisfaction of TB services in public and private DOTS facilities	sector	research study
52	Cost effectiveness of active TB case finding	sector	research study
53	Confidentiality and stigma: how are these addressed in the clinic setting? How are these affected by image and quality in the clinic?	sector	research study
54	Clinical trial studies (local remedies for TB, TB vaccines, alternative drugs, diagnostic exams, etc.)	sector	research study
55	Situational analysis of existing public and private DOTS facilities focusing on quality of care and sustainability	sector	research study
56	Faith-based and other initiatives in DOTS implementation in the community	sector	research study
57	Training needs and technical competence of service providers (physicians and laboratory technicians)	sector	research study
58	Impact analyses of DOTS policy initiatives	sector	research study
59	Feasibility study for providing TB-specific tax incentives for physicians, businesses, e.g. tax credits, etc.	sector	research study
60	Study of the magnitude and characteristics of patients preferring to buy TB drugs	sector	research study
61	Factors affecting the timing and utilization of PHIC TB DOTS package reimbursement	sector	research study
62	Effective strategies for increasing TB detection in the community	sector	research study
63	Issues affecting timely Philhealth reimbursement	sector	research study
64	Referring patterns of physicians in DOTS clinic sites ⁷	project	research study
65	Willingness to pay for TB services in private setting	project	research study

⁷ Not yet available; will be obtained from the second provider study

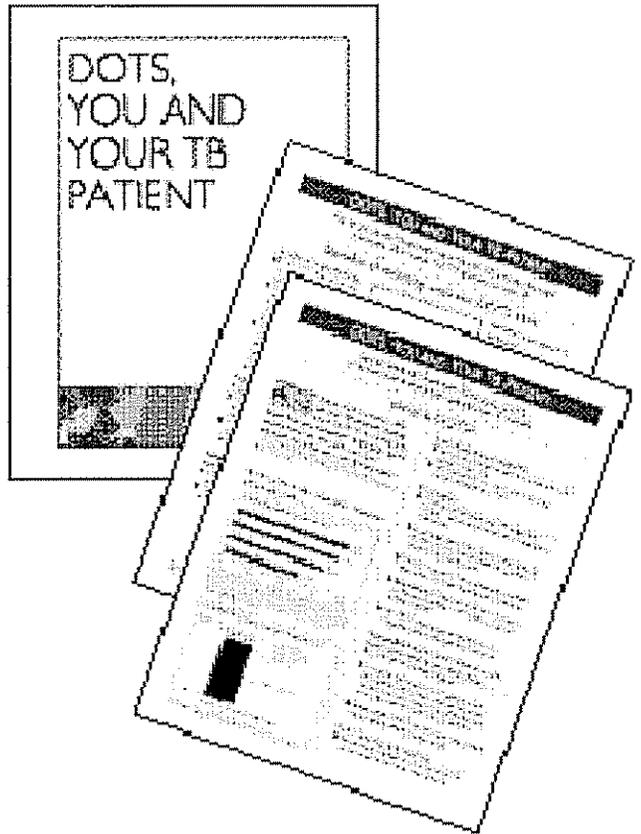
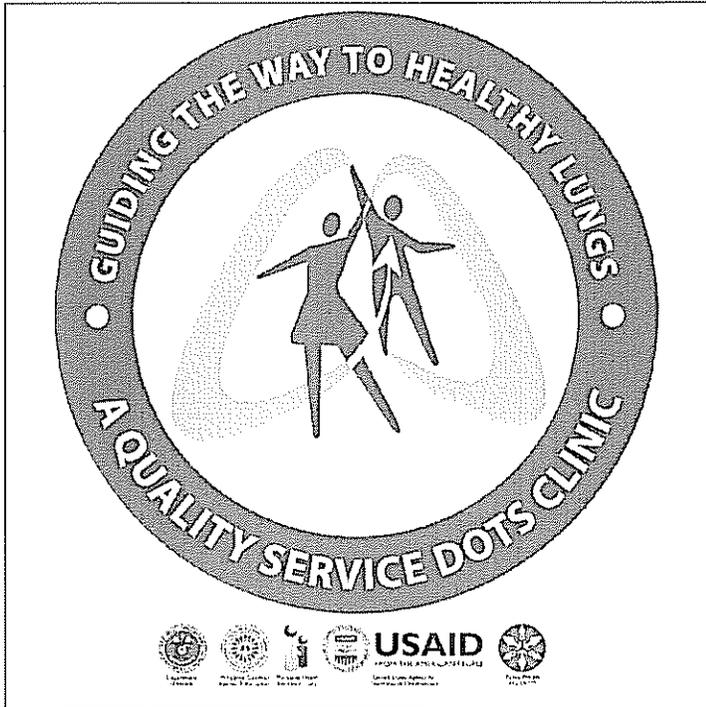
	Topic	Scope	Type
66	KAP study of PHIC-covered clients accessing DOTS clinics ⁸	project	research study
67	Factors affecting the size of walk-in clients in DOTS clinics	project	research study
68	Effects of PHIC benefit package on DOTS acceptance among providers	project	research study
69	An analysis of cost recovery schemes implemented in the DOTS clinics	project	research study
70	An analysis of DOTS Clinic Performance ⁹	project	research study
71	Effects of various case-holding strategies (e.g., frequency and nature of follow-up) on adherence to and completion of drug regimen	project	research study
72	Utilization of SDP recording system (TB treatment registry, TB diagnosis registry) for program improvement	project	research study
73	Quality of care studies in different DOTS service delivery settings (pharmacy, clinics, etc.)	project	research study
74	Reach of Philippine TIPS IEC materials	project	research study
75	Factors affecting and strategies/incentives to improve attitudes toward and adoption or adherence to standard DOTS protocols by private providers	project	research study
76	Cost-efficiency, effectiveness (decreased defaulters, adherence, and success rates) and quality of care of various treatment protocols taking into account client perspective	project	research study
77	Strategies to improve attitudes and adherence of TB patients to TB regimen (including health-seeking behavior)	project	research study
78	Delays in seeking TB treatment (client)	project	research study
79	Delays in start of TB treatment (provider)	project	research study
80	Delays in TB diagnosis	project	research study
81	Factors (from supply and demand side) affecting incidence of treatment failures	project	research study
82	Documentation of PPM local coalition experiences	project	research study
83	Cost-benefit ratio for companies adopting DOTS in the workplace – How much will it cost the company to adopt the program, what are the benefits? How much is the economic cost to the company for TB (days lost, re-training, re-hiring, etc.) vis-à-vis cost for installing TB DOTS	project	research study
84	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	project	research study

⁸ Available from DOTS Clinic performance monitoring reports

⁹ Available from DOTS Clinic performance monitoring reports

	Topic	Scope	Type
85	Effectiveness of proposed/existing training modules in enhancing knowledge, attitudes and practice of private service providers	project	research study
86	Analysis of critical requirements for certification of DOTS providers and facilities nationwide and procedures for linking to PhilHealth requirements	project	research study
87	Will SPN improve DOTS adoption among providers and satisfy client needs?	project	research study

PPMD Clinic Signage and Academic Detailing Kit



Updated Philippine TIPS Profile



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Philippine TIPS
TUBERCULOSIS INITIATIVES FOR THE PRIVATE SECTOR

PROFILE

PHILIPPINE TIPS THE PHILIPPINE TUBERCULOSIS INITIATIVES FOR THE PRIVATE SECTOR PROJECT

DOTS in the Workplace
In cooperation with Philippine Business for Social Progress, Philippine TIPS is helping companies across the Philippines implement the DOTS system. Through the project, the Center Against Disease, Access to Care, and Health Development Center will pilot DOTS programs with 4000 Filipino employees in the private sector.

Philippine TIPS is also the only donor-funded project that participated in creating a National Register by the Department of Labor and Employment, which requires of private companies to have an anti-TB program for their workers.

Teaching DOTS in Medical Schools
Philippine TIPS has partnered with the Association of Philippine Medical Colleges to develop a TB-DOTS curriculum and has helped to enhance the teaching of TB-DOTS in 10 of the country's leading medical colleges through a Master TB Educator Award program. Through TIPS, a video program is being disseminated to medical schools under a Master TB Educator Award program.

Certifying System for DOTS Providers
TIPS, with the Department of Health and the Philippine College of Health Educators, is certifying medical assistants from Project TIPS facilities as well as other DOTS centers across the country in the context of a certification program for private and public TB control facilities. The Philippine Health Insurance Corporation (PHIC) has also DOTS centers to ensure that its clients receive the best quality of care in compliance with PHIC's TB Benefit Package.

Through the Philippine TIPS project, the United States Government helps the Filipino private sector become a stronger partner of government in reducing the prevalence of tuberculosis. TB is the sixth leading cause of death in the Philippines.

Started in October 2002, Philippine TIPS aims to achieve a overall treatment success rate of at least 85% through conventional private sector services in selected sites across the country.

It focuses on building foundations, developing institutions, and establishing sustainable measures toward a long-term solution to reducing TB prevalence. Involving the private sector as an active participant, the project improves and standardizes TB control and management using the TB diagnosis and treatment approach known as DOTS or "Directly Observed Treatment, Short Course". A cost-effective approach championed by the Philippine Government and endorsed by the World Health Organization, DOTS has resulted in dramatic gains in reducing TB in large and small countries, including China and Vietnam. The WHO has estimated that DOTS cures about 164 TB patients everyday in the Philippines. Philippine TIPS follows a multi-pronged approach to engaging the private sector in TB control. This approach includes support to TB policy reform and TB



DOTS Policy and Financing Reform
Philippine TIPS helps to develop policy instruments and prepare regulatory initiatives to establish a financial basis to increase access to affordable TB drugs, promote TB patient rights, and improve the quality of DOTS services in the private sector.

Communications and Advocacy
Based on an integrated communication strategy, Philippine TIPS carries out behavior change communication, public information activities, and the use of strategies of pharmaceutical companies such as detailing, continuing medical education, training and the use of new media to increase the acceptance of DOTS by private providers and to improve coverage in the private sector stakeholders.

Project teams and experiences are also being disseminated through dissemination of best practices, case studies, magazine articles and international health gatherings such as annual conferences of the International Union Against Tuberculosis and Lung Disease and of the American Public Health Association.

OPERATIONS RESEARCH FOR THE PRIVATE SECTOR PROJECT

Operations research: TB services expansion in urban through grants and technical assistance to set (clinics, hospitals, PHOs, workplaces), training of staff those in allied health professions; certification; demand generation; and support to informed living.

Philippine TIPS has formed partnerships with 20 Public-Private Mix DOTS (PPMD) clinics in 17 urban sites around the country. Partner clinics benefit from a combination of technical and financial assistance. The assistance is designed to strengthen DOTS service capabilities and help put in place systems that will make these units sustainable.

From July 2004 to June 2005, the PPMD partner clinics saw a total of 4,374 people who suspected that they might have TB symptoms. The clinics diagnosed about 31% or 1,350 of those patients as having active pulmonary TB and enrolled them into their DOTS programs. Project supported DOTS clinics have 88% success rate among new smear-positive cases and 17.5% case detection rate within the catchment area.

Philippine TIPS has piloted the Pharmacy DOTS Initiative (PDI) in Cagayan de Oro City, Davao City, Cebu City, Iloilo City, Digos City, Quezon City and the Municipality of Bacoor (Cavite). Some 170 drugstores are now part of this effort, including the three largest drugstore chains in the country (Plearcy, Watson, Ross Pharmacy). At present, Philippine TIPS turned over to the Local Government Units and Regional Coordinating Council the management and supervision of the PDI in Digos City, Davao City, Quezon City and Cagayan de Oro City. Expansion in Iloilo, Cebu and Cavite (Bacoor, Imus and Dasmariñas) are ongoing.

The range of Philippine TIPS partners also includes business companies, civic organizations, medical schools, news media institutions, non-government organizations, and government agencies.

Philippine TIPS currently embarks on increasing patient load in target sites through an intensive demand-generation campaign.

A consortium led by Chemetrics International manages the Philippine TIPS project. Consortium members are CAHRG, Philippine Coalition Against Tuberculosis, New Jersey Medical School National TB Center, and Philippine Business for Social Progress.

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Success Story

STORIES OF HOPE-- LOOKING FORWARD TO THE DAYS AHEAD

BEFORE A STROKE forced him to stop working, Jimmy Dumagit and his family survived on his earnings as a subsistence fisherman in a small coastal village in Puerto Princesa City, Palawan.

Fate had not been kinder. Five years after his stroke, Jimmy contracted pulmonary tuberculosis. "I had fever in the evenings and cough for more than a month," he recalled. "I was also coughing blood."

A neighbor urged him to go to the Palawan Coalition Against Tuberculosis (PALCAT) DOTS Clinic in Puerto Princesa

PALCAT is one of 20 private clinics supported by the U.S. Agency for International Development through the Philippine Tuberculosis Initiatives for the Private Sector or Philippine TIPS project. These clinics make quality DOTS treatment more accessible to TB patients like Jimmy. DOTS means "Directly Observed Treatment, Short-course", a proven, cost-effective TB treatment strategy promoted by the Department of Health and the World Health Organization.

Going to the PALCAT DOTS clinic has made all the difference to Jimmy.

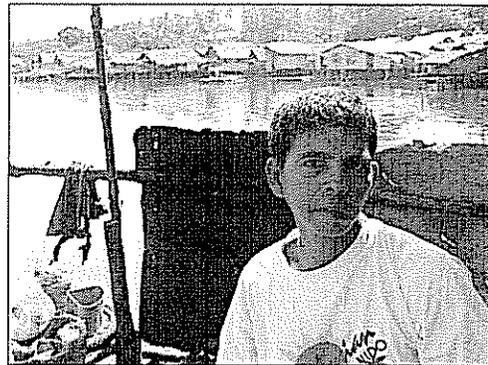
At the clinic, trained health workers took a sample of Jimmy's sputum and had a trained microscopist examine it for Mycobacterium Tuberculosis. Found positive for pulmonary TB, the clinic immediately put him under DOTS treatment.

An important step was looking for a treatment partner for Jimmy, someone who would actually watch him take his medicine regularly. This "direct observation" is a fundamental feature of the DOTS strategy. Jimmy's sister-in-law volunteered to be his treatment partner. The clinic trained her on her responsibilities and instructed her to bring Jimmy immediately to the clinic if he displayed certain side-effects because of the drugs.

Before starting treatment, the PALCAT DOTS Clinic also made sure that it had a full supply of anti-TB drugs for the minimum six months it would take to cure Jimmy. This is another important feature of DOTS – an uninterrupted supply of anti-TB drugs.

Jimmy successfully completed his DOTS treatment and has been declared sputum negative. He is thankful to the PALCAT clinic for helping him get well.

USAID strengthens the private health sector to participate more effectively in TB control



For TB patients like Jimmy, going to the DOTS clinic supported by USAID has made all the difference.



Jimmy takes his medicine under the watchful eyes of his sister-in-law, who is his treatment partner.

Photos: Philippine TIPS project (2005)

Since opening in July 2004 up to June 2005, the PALCAT clinic has been consulted by 180 people with TB symptoms. Of these, 50 were found to have active TB disease and were enrolled in DOTS. So far, 30 have completed the treatment, including Jimmy. The PALCAT clinic is one of six USAID-supported private clinics that received awards from the Department of Health on August 19, 2005 for being outstanding private TB clinics in the country.

"I can play with my six-year-old now," exclaimed Jimmy. "I no longer cough and my chest does not hurt anymore. I look forward to the days ahead."

