Philippine TIPS
TUBERCULOSIS INITIATIVES FOR THE PRIVATE SECTOR
A PROJECT SUPPORTED BY USAID

DOTS IN THE WORKPLACE

Integration Session /
Technical Working Group Session
DOTS IN THE WORKPLACE MODEL DEVELOPMENT

Highlights of Proceedings

Philippine Business for Social Progress

USAID/Philippines

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I. Executive Summary

PBSP convened the Technical Working Groups (TWG) from four (4) companies partnering with PBSP for the pilot phase of the DOTS in the Workplace project.

The primary objective of the Integration / TWG Session[1] was to develop DOTS in the workplace models. Medical staffs and human resource personnel from American Standard, Central Azucarera Don Pedro (CADP), Toyota Motor Philippines, and Yazaki-Torres Manufacturing, Inc. formed the TWGs.

As planned, PBSP developed a framework that served as a guide in crafting the "preferred option" (or model) for each company. The framework addressed the five (5) components of DOTS, as well as support systems that would help sustain the initiative.

To ensure proper grounding for model development, PBSP provided the companies with findings from the comprehensive workplace TB situation assessment conducted at each business site. Key research insights were presented: current practice in TB management, resources available to the company and within its contiguous areas, and knowledge, attitudes and practices related to TB.

Guidelines for implementing DOTS in an industrial setting were shared by Dr. Victoria Basa-Dalay. The presentation proposed roles and responsibilities of key stakeholders in operationalizing the DOTS strategy in the workplace.

Additionally, workplace health policies, the National TB Program (NTP), and the Comprehensive and Unified Policy for TB Control in the Philippines (CUP) were presented. These provide the legal mandate and incentive for implementing installing the DOTS strategy in the workplace.

Finally, PBSP imparted strategies for developing IEC/advocacy tools to attain the TB education/advocacy objectives of the project.

The results of the process are practicable and viable DOTS in the workplace models that suit the specific needs and situations of each company. Importantly, the companies crafted the models with PBSP facilitating the process. Ground-up approach is perceived as a mechanism that would ensure stakeholder ownership of the project and its outcome.

A single company, on-site DOTS Center was developed by CADP. Capitalizing upon its extensive medical facilities and benefits, CADP will conduct sputum examination at CADP's laboratory and supply free drugs for six months to its employees. Should the medical doctor grant approval, Yazaki-Torres[2] would be a variation of the on-site DOTS Center model, linking diagnosis and treatment with its sister-company (hospital). Yazaki-Torres supplies the medicines, payable by the employee through an installment payment scheme or through its HMO provider.

[1] The TWG Session was held on March 14 – 15, 2003 at the Manuel M. Lopez Development Center (MMLDC), Antipolo City.
[2] Proposed model for Yazaki Torres not final; subject to endorsement/approval of Dr. Nora Torres.

American Standard (ASI) and Toyota Motor (TMPI) opted for a referral model. ASI will refer diagnosis and treatment to regional health units/barangay health stations. ASI will be the private-public mix (PPM) model for the project. TMPI will refer diagnosis to Makati Medical Center, its current HMO provider.

All models will utilize the dual-treatment partner scheme. Company nurses (ASI) or the patient's immediate supervisor (TMPI) will perform direct supervision of treatment (DOT) when the employee is at work. DOT will be performed by BHSs or the home-treatment partner during the patient's sick leave and/or days-off.

The models crafted by the TWG will be fine-tuned and presented to top management to formally secure mandate for implementation. During the top management orientation session (TMOS), PBSP will advocate for management's sustained commitment to implement DOTS in the workplace.

Immediate follow-up activities with the companies include the TMOS, policy formulation workshops, operations planning, capability-building training, and TB education workshops.

II. Highlights of Proceedings

A. Summary of Inputs

Measuring the Burden of Tuberculosis and Phil TIPS Project Overview

Project Chief of Party Dr. Juan Perez discussed the context for engaging the business sector in curbing the TB burden.

The presentation focused on the disease's economic and social impact, underscored by the quantitative measurement of the TB burden derived from the Burden of Disease (BOD) study. The magnitude of the TB burden requires a comprehensive intervention that involves multi-sector response.

The Philippine Tuberculosis Initiatives for the Private Sector (Phil TIPS) aims to:

- Help reduce TB prevalence in the Philippines
- Increase the successful diagnosis and treatment of TB patients
- Achieve a success rate of at least 85% using DOTS in commercial private sector services

As a member of the Phil TIPS consortium, PBSP will contribute to realizing these objectives through the development and replication of DOTS in the workplace models.

Workplace Health Policies

Workplace health laws and policies are enshrined in the Philippine Constitution, the Labor Code, the Occupational Health and Safety Standards, and the Sanitation Code. These laws/policies require companies to ensure the physical safety, health and well-being of workers.

According to Health Policy Adviser Arlene Ruiz, these provisions are not very specific to TB. The exceptions are on the notification of occupational health illnesses, as well as on pre-employment / pre-placement physical examinations. Specifically, TB is included in the list of reportable diseases. In relation to pre-employment, an applicant can be rated as Class D or unfit/unsafe for any type of employment if found to have active TB during the required medical examination.

Gaps in policy implementation and poor compliance among companies were some of the issues raised during the plenary session. These notwithstanding, there are provisions in the law that provide the legal basis for a TB in the workplace program. The CUP is expected to persuade businesses to comply with the national TB program for TB treatment and diagnosis.

National TB Program (NTP) / Comprehensive & Unified Policy for TB Control in the Philippines (CUP)

Case finding and case holding policies were the focus of Dr. Helen Hernandez' presentation on the NTP. Case finding and case holding mechanics are valuable inputs to prepare the TWG for a detailed analysis of their current practice in TB management vis-à-vis the desired procedures under the NTP.

The CUP promotes standardization of TB management in the Philippines. Highlights of the CUP were presented with particular attention to two topics relevant to the business sector:

a) Guidelines for Private Physicians and Health Facilities – guidelines on the use of standardized definitions, diagnostic criteria and treatment regimens of NTP, recording and reporting, guidelines on asymptomatic PTB and latent TB infection; and

b) Compliance requirements in availing SSS and ECC benefits for TB patients and the Philhealth/PHIC outpatient benefit package.

Initial Findings: Workplace TB Situation Assessment

PBSP generated baseline information on the TB in five (5) participating companies. PBSP Assessment and Monitoring & Evaluation Specialist Ethelyn Balenton presented the initial findings.

COMPANY

1. Demographics

- Employee size ranges from 452 to 1,246[3] mostly regular in employment status. Only American Standard & Levi have casual employees.
- Employees of CADP and Toyota live nearby the company plant while that of American Standard and Levi come mostly from outside their workplace areas (Las Pinas & Makati)
- American Standard, CADP & Toyota were dominantly male while Levi & Yazaki Torres mostly female; majority are married; Toyota has 25% single among its employees
- Majority of employees for CADP were in the age bracket of 40-50 years; Levi, Toyota & Yazaki Torres employees were mostly between 29-39 while American Standard employees were largely in the 18-28 years old.

2. Health Policies, Facilities & Resources

- All have health policies. TB is included under CBA of American Standard and CADP.
- Health benefits are provided in all. CADP thru its own hospital facility while Levi and Toyota thru their health insurance

3. Company Health Program

- Only American Standard and Yazaki Torres have TB education program with materials. CADP provide education materials to its TB patients
- Preferred IEC package is lecture forum by all. Poster is another preferred medium almost by all except Levi.

4. Health Facilities

- CADP has its own hospital while Yazaki Torres has its own clinic.

5. Health Personnel/Workers

- All have full-time physicians & nurses (2-20)
- None of them though are trained on DOTS

6. TB Incidence

- Companies assessed had incidences of TB except for Levi.
- Female TB patients were all concentrated in Yazaki and were mostly from the rank and file.
- 4 TB incidences from Toyota come from its Materials Handling Section.
- CADP TB patients have been with the company for almost 20 years.
- All TB patients treated got cured; 3 are still under treatment.

[3] Data on employee population for Yazaki Torres was not included during the presentation. The final situation assessment findings incorporate this demographic data and other information on Yazaki Torres.

COMMUNITY

1. Health policies, facilities and resources

- All RHUs are DOTS oriented and practicing DOTS in TB Management
- TB incidences exist for all RHUs surveyed.
- RHU for Levi pertains to the Makati population which may not necessarily be the community of the Levi employees.
- Toyota Sta Rosa has adequate facilities for DOTS thru their RHU
- All RHUs are willing to partner with the companies

KNOWLEDGE, ATTITUDE AND PRACTICES

- Employees seem to be more knowledgeable about TB than the management
- There are prevailing myths and stigma on the TB disease.

Guidelines on DOTS in the Workplace

Dr. Victoria Basa-Dalay, one of the primary movers of the TB control in Cavite, joined the project as Industrial Estate Adviser. Dr. Dalay shared survey findings on TB practices among industrial physicians and their perspectives on DOTS as a workplace TB strategy. Valuable input is Dr. Dalay's assessment of the structural requirements for implementing DOTS in the workplace, particularly her presentation of the roles of the different stakeholders in program implementation.

B. Issues Raised

1. Workplace Health Policies

Absence of any law on TB patient's rights. Having active TB is a ground for rejection during the pre-employment phase. The applicants can be admitted only after treatment by presenting a proof of treatment. For those with inactive TB, they can also be admitted upon presentation of proof of treatment. For majority of Japanese companies in Cavite, an (x-ray) scar from a treated TB is a ground for rejecting an applicant. In Toyota and Yazaki-Torres, the applicants are asked to return after treatment, while CADP does not accept applicants with TB.

During the annual physical examination, an employee cannot be terminated if diagnosed with TB. The company will have the patient treated. There may be a need to examine the patient's workload and recommend alternative working conditions.

It is not the liability of the employer if the employee infects other employees. There is also no law on liability of the health staff in keeping the confidentiality of the cases, although keeping it confidential is their responsibility. But for employees, companies may terminate employees on grounds of hiding an infectious disease.

Difficulty for the companies to implement the provisions in the Labor and Sanitation Codes. Not many companies are complying with the law especially in reporting health cases to the DOH. A discussion was initiated on having "consensus guidelines in the workplace" which can be one way to initiate some changes in terms of TB policies and guidelines in the workplace. The Bureau of Working Conditions say that a new strategic plan on how to encourage companies to implement the policies is to "persuade them to implement based on their social consciousness." With this, there is difficulty for small companies with limited income to act based on social consciousness or corporate social responsibility.

TB is not a priority of the companies. TB is perceived to be not a priority among companies because TB is not an occupational disease or not related to the core work hazards. TB is considered as work-related disease, which is defined as a common disease that can be found in the workplace but not related to their job. TB is only considered occupational disease in hospitals. Threat to other employees is not apparent because most workplace TB cases are asymptomatic.

Possibility of including TB concerns to the implementing rules and regulations of the codes through amendments. The project can advocate for amendment from DOLE to include TB issues. Even though there are flaws in the law, there are provisions that provide for the legal bases for TB. Features such as prevention, health education, health services, recording and reporting are included which should be reflected in the DOTS workplace models.

2. National TB Policy

Proper and timely reporting of cases. The company should adopt the standardized forms in reporting TB cases. Cases should be reported to PhilCAT/PhilHealth. Eventually, PhilCAT will do TB registers for the private sector or there will be a designated agency to handle the TB registers of the private sector. The patient will have to be reported immediately to SSS because of the need of employees to file for a leave within 7 days after diagnosis. SSS only allows the patient to apply for an additional 30-day leave if a sputum test result is presented. (The sputum test should be done within 7 days after diagnosis). It is not necessary that smear test result is positive. As long as the result is presented, whether (+) or (-), one can avail of SSS benefits.

Ensuring the quality of smear tests. There are many factors that may affect the quality of sputum microscopy results.

1) There should be proper sputum collection. But in the workplace, wherein patients are asymptomatic and not producing phlegm, some private laboratories like Makati Med and La Salle are encouraging patients to induce sputum production. Sputum production is induced by nebulizing the patient with hypertonic 3% sodium chloride. Proper collection of sputum is important to be able to get a good smear.

2) Smearing should be correct. It should not be too thick to read or too thin such that bacilli are not present anymore.

3) There should be proper staining and proper heating. If the smear is underheated, it will be smear (-) even if it is really smear (+). The accuracy of the results depends on the proficiency of the microscopist.

The negative smear and x-ray positive result will be given to the diagnostic committee who would decide whether this patient should be treated or not based on some criteria and second reading would be done on the x-ray.

A Diagnostic Committee (DC) is composed of a radiologist, coordinators and mix of public and private health staff doctors or nurses. Good examples of DCs are in Cavite, Batangas and Capiz. If there is no DC in the area, the result can be referred to a trained pulmonologist. In the new NTP guidelines, all provinces will be encouraged to come up with a DC.

3. Comprehensive Unified Policy

Reporting of TB cases under CUP. With CUP, all TB cases in the private sector will be reported to one agency. The agency has not been identified yet, but PhilHealth will be covering only new cases and extra pulmonary cases. Relapses and other cases will be catered by SSS and GSIS. For the public sector, it is already being reported to DOH.

Application for statutory benefits. The employee should apply to SSS/GSIS first then to PhilHealth. The employee can apply to SSS and ECC simultaneously.

Availing of drugs from RHU. Employees from private companies can avail of free medicines from RHU if the company cannot provide the medicines.

4. TB Workplace Situation Assessment

Facing the problem in decentralization. Due to decentralization, companies are having difficulty in referring patients to RHUs. In American Standard, employees cannot be referred to RHUs in the area if the employees are non residents of Las Pinas. The RHUs cannot provide the health services and drugs to them.

Significant findings that will help in formulating workplace models. The research identified and analyzed significant findings on company situation in terms of the five elements of DOTS. Findings were very encouraging because results indicate the willingness of employees, management and RHUs for TB program. There was a conducive environment for TB-DOTS because almost all the companies have TB policies and three of them have incorporated it in their CBAs. The study revealed that the companies are not familiar with DOTS and that a facilitating factor will be informing the companies of the benefits of DOTS. The assessment also show the company resources, practices, systems, etc. that will be the basis for developing the models.

III. Model Development

A. Framework for Model Development

PBSP presented a Systems Framework for DOTS model implementation The 5S's of DOTS includes:

Shared political commitment
Supportive policy
Structure with appropriate skills
System
Sustainable resources

The Framework incorporates the 5 components of the DOTS Strategy.

- **S**hared political commitment is the "driver" of the effort to install the DOTS strategy in the workplace.

- **S**upportive policy that is written and which involves multi-stakeholder participation in its articulation will be the guiding principle of the initiative.

- **S**tructure with appropriate skills requires the presence of persons who will champion and implement DOTS and its support systems in the workplace. Implementers must possess the required skills and competencies in order for them to be up to the tasks.

- **S**ystems must be in place, including the technical and operational components of DOTS program implementation. The Delivery System addresses case finding, case holding, TB education, and quality assurance. The Monitoring and Evaluation System involves installing the recording and reporting procedures, as well as the M&E for program management.

- **S**ustainable resources must be ensured to finance drug supply. Facilities must be available whether in-house or outsourced. Linkages and partnerships need to be developed and strengthened.

B. Process

The DOTS Orientation / TIPS Project Session introduced the TWG to the DOTS Strategy and the project's objectives. At the follow-up TWG Session, the participants were provided with various inputs to guide them in developing the DOTS models (described in Section II).

The model development workshop went through a two-stage analytical process. First, the TWG were required to analyze the detailed components for DOTS implementation. They compared the ideal features of the DOTS strategy against their current practice (or absence of procedures) in TB management. The TWG analyzed the gaps and articulated issues in bridging the gaps. This process involved an assessment of the

resources, facilities, policy implications, operational requirements, stakeholders, etc. of the TB – DOTS program.

At the second phase, the TWG were asked to come up with the features of their TB in the workplace model following the DOTS strategy (the preferred option).

These preferred options were presented to and critiqued by the other members of the TWG and the PBSP Project Team.

C. Outcome

Issues in Model Implementation

The companies, represented by their TWG members, shared the following issues in model development and implementation.

Toyota

The difficulty in implementing TB-DOTS program in Toyota lies in the need for a business case so that Toyota management will be made aware of the socio-economic impact of TB to the company. There is also a need for courtesy call to the HRD Department. In convincing management, the case must not only be in terms of economic but it can be seen as a corporate social responsibility project. A CEO briefing may be necessary and should be conducted soon.

CADP

There is no anticipated difficulty in starting the TB-DOTS program for CADP. The selling point to the company is making the management aware that it is mandated (SSS and PhilHealth).

CADP is currently providing MIRIN P as medicines for TB. There is no classification being done on the type of TB the patients have. In terms of monitoring drug intake compliance of patients, CADP requires the patient to present blister packs, which could not guarantee compliance.

CADP anticipates the problem of giving an added workload for its medical technologists if it will have to do sputum microscopy exam in the company hospital.

In terms of TB education, information on TB is provided only to those who are diagnosed with the disease.

American Standard

In AS, although it does sputum tests through its partner clinics and hospitals, the problem is seen in the test results being doubtful. AS can link up with a district DOTS hospital in Las Pinas for sputum microscopy. The company should have at the least a process of referral as part of their corporate social responsibility.

AS has linkage with RHU, Barangay Health Center and has an existing MOA with private clinics. It also has a MOA with Mercury Drug Store for its drug supply. Partner clinics are noted not doing DOTS.

There is no anticipated difficulty in starting the TB-DOTS program for AS. There is only the need to introduce the NTP guidelines to management.

Yazaki-Torres

Yazaki-Torres is tapping the St. Francis Cabrini Hospital for health examinations and other services which is also owned by the owner of Yazaki-Torres. It currently has a TB program and has its own clinic and laboratory. Medicines and medical tests are paid by employees through salary deduction.

Presently, the employees are given regimen 3 for treatment of TB that are x-ray (+). TB is not classified as to different types. For x-ray (+), treatment should be regimen 1 based on NTP.

Yazaki staff thinks that there is a need to inform management on DOTS to convince management to adopt it in its TB program.

GST

Being a small company, GST may not necessarily need to have a TB program because it will be very costly for the company. The company should do referrals to appropriate centers and/or supervise at least direct supervision in TB treatment –company as treatment partner. TB education in the workplace may be good enough.

PBSP

Difficulty for PBSP in implementing a TB-DOTS Program is how to do it with its satellite offices all over the country.

ISSUES THAT CUT ACROSS THE COMPANIES:

Need to inform/educate management on the need to address TB. Almost all the companies expressed the need to inform management to be convinced to adopt DOTS.

- Toyota said that a business case is necessary when a CEO briefing and a courtesy call to the HRD Department is done.
- For CADP, the management should be made aware of the mandated guidelines (SSS and PhilHealth).
- For ASI, the management should be oriented with the NTP guidelines.
- For Yazaki-Torres, there is a need to inform management of how DOTS is implemented.

Companies have access to health facilities. CADP has its own hospital while Yazaki-Torres uses the facilities of St. Francis Cabrini Hospital which is also owned by the Torreses. Yazaki-Torres also has strong ties with nearby RHU. AS has existing MOA with private clinics and has linkage with RHU and Barangay Health Center.

Companies do not follow proper reporting and recording of TB cases. All companies notify only DOLE on TB cases. The companies also do not use the prescribed NTP forms.

Patients' drug intake compliance is not well monitored. Patients from CADP, AS and Yazaki are not well monitored. CADP and Yazaki only require the patients to present blister packs after a certain treatment period. Furthermore, all the companies do not use treatment partners.

Incorrect drugs are provided to the patients. CADP and Yazaki provide MIRIN P and Regimen 3 respectively to their TB patients. The companies do not follow the TB classifications and corresponding medicines/regimen of the NTP. This is because the TB cases are not classified in the company during diagnosis.

D. Next Steps

The preferred options crafted by the TWG will be fine-tuned and presented to top management to formally secure mandate for implementation. During the top management orientation session (TMOS), PBSP will advocate for management's sustained commitment to implement DOTS in the workplace.

Immediate follow-up activities with the companies include the TMOS, policy formulation workshops, operations planning, capability-building training, and TB education workshops.

Philippine Tuberculosis Initiatives for the Private Sector
DEVELOP DOTS IN THE WORKPLACE MODELS AND REPLICATIONS

I. Scope of Work

The Chemonics-PBSP subcontract has tasked PBSP to develop DOTS in the workplace models harnessing its broad membership of Filipino businesses. The scope of work provides that PBSP will use comprehensive approach included in its HIV/AIDS in the workplace program and draw on best practices on existing TB workplace approaches. Both the Chemonics proposal and first annual the workplan have described the strategy to achieve private sector compliance with the DOTS regimen is to develop private sector DOTS models using existing infrastructure where: high completion rates are likely, unit costs are reasonable, replicability and sustainability potential are high and stigma can be directly addressed.

The subcontract outputs *i.e.*, at least one model and six replications, will contribute to deliverables associated with Tasks 3 and 4 of the TIPS Project. This report fulfills the second deliverable under the subcontract, namely: *clearly defined plan for at least one DOTS in the workplace model that can guide implementation and specific sites identified for pilot implementation.*

II. Model Development Process

The model development process was approached via the program development strategy of PBSP that focuses on participatory analysis and planning and uses existing infrastructure.

The project has assumed that there will be workplace models that could be assessed to guide the model development process, particularly INTEL in General Trias, Cavite. The INTEL experience, however, proved to be very difficult to access despite several attempts to contact via different channels. Instead, PBSP approached the model development process by obtaining baseline information on current workplace TB management practices, jointly analyzed the current practices against the DOTS strategy as described in the NTP/CUP, and assess possible options that the companies could consider in implementing DOTS in the workplace.

Initially, PBSP has conveniently sampled five large companies, which has a track record of good practice on workplace health program. Upon suggestion of the PhilTIPS Team, small land medium-sized companies were included in the

situation assessment. *(Please see Annex for the full selection process and situation assessment report).*

The ff. illustrates the steps undertaken in arriving at the models and selection of the sites:

TUBERCULOSIS INITIATIVES FOR THE PRIVATE SECTOR – DOTS IN THE WORKPLACE- (PHIL TIPS – DOTS) SITUATION ASSESSMENT OF SELECTED WORKPLACES AS OF MARCH, 2003

I. INTRODUCTION

Among the 22 countries identified to have the highest TB incidence was the Philippines. TB was prevalent in the economically-productive age group, from twenty to fifty nine years old. In response to this predicament, the Philippine government adopted the WHO-prescribed Directly Observed Treatment, Short Course or DOTS as a national TB strategy.

It was ascertained that DOTS was in place in the public health centers nationwide. However, such was not the case among health service providers. in the private sector For a more comprehensive implementation of DOTS, certain efforts were targeted to the private sector which led to the formulation of the Philippine Tuberculosis Initiatives for the Private Sector (TIPS). PHIL TIPS. This aimed to reduce TB prevalence through the development and implementation of private sector DOTS models which included schools, pharmacies, universities, hospitals, clinics and the workplace as target sites.

Considering its network of member companies and its close involvement with the business sector, PBSP was tasked to identify prospective company program adopter/s, and thereafter assist these adopter/s in developing and implementing DOTS in their workplaces.

A. Objectives of the Situation Assessment

As a preliminary step for model development and replication, an assessment of existing situations of selected companies was undertaken. Five large-scale business establishments eventually agreed to be included in the assessment research. A research framework was formulated and approved and subsequently, a comprehensive set of research tools were developed and evolved to generate the required factual information on TB in the workplace.

Output from the assessment was expected to serve as:

- Baseline data for the business sites
- Basis for resource mapping in the target sites and contiguous areas

- Core information for the business case on TB impact in the workplace
- Input to the education and advocacy packages

B. Identification and Recruitment of Potential DOTS Adopters

In 2000, PBSP's Membership Development Unit embarked on a survey on Corporate Social Responsibility. One of the focal areas of the study revolved around the identification of company practices under the theme "Workplace as a Community". Part of this component included concerns on existing and planned health practices/programs of the member corporations.

One of the outputs of the study was a list of companies interested to adopt health programs for their company. This list, along with the roster of HIV/AIDS Education-Prevention Program in the Workplace adopters, served as reference for the identification of companies to be involved in the TIPS project. In April 2002, PBSP also sent letters to its other member companies describing the TIPS project and soliciting their commitment to participate.

Companies for the TIPS project were selected based on the significant learning of PBSP in the past, which was, the need to identify companies whose top management was committed to the objectives of the project/program. This shall guarantee full cooperation and support from the partner-company in the project's development and implementation.

Five (5) companies initially responded, including: American Standard, Central Azucarera Don Pedro, Yazaki-Torres,Toyota Motor Philippines and Pilipinas Shell.

Pilipinas Shell (oil and petroleum processing and distribution) subsequently opted not to participate. Levi Strauss Philippines Incorporated, a PBSP partner-company, was invited and eventually accepted to be a respondent in the Workplace TB Situation Assessment.

The project expected to also generate data from small- and medium-scale enterprises (SMEs). Sixteen (16) PBSP member-companies from Luzon and NCR were invited to participate. Three (3) gave positive responses: NESIC Philippines, GST Philippines, and Bookmark. The result of the situation assessment for these companies is currently being processed. PBSP which has about 100 employees at its headquarters in Manila, and 80 employees at the regional offices shall install a DOTS in the workplace program.

C. Criteria for the Selection of Participating Business Establishments

1. Receptiveness

Viewed as a critical force in the delivery of the project's tasks. Willingness of the company to participate in the project, including the presence of a local champion who will help ensure the effective implementation of the project, is a key factor in setting up the DOTS in the workplace program.

2. Scale of Operations/Company Size

The scale of business operations considered in selecting the business establishments for research was largely based on the number of employees as shown below:

Table 2A

Phil. Enterprises	No. of Employees
Micro	1-9
Small	10-99
Medium	100-199
Large	200 +

Source: www.asem-focalpoint-cp.org/pdf/Chapter3.pdf

The large-scale companies seem to be a vital segment to capture as adopters of a TB in the workplace program as shown by the data from NCSO 2000. While large companies comprised a mere .4% of Philippine enterprises (2,928 establishments), these companies employed nearly 30% of the total Philippine workforce (NSO 2000).

Table 2B

Philippine Enterprises	No. of Enterprises	Percentage of total SMEs	Employment
Micro	747,740	91.9%	
Small	67,166	8.2%	69.6%
Medium	3,070	0.4%	
Large	2,928	0.4%	29.4%

Source: NSO, 2000 (National SME Development Plan, SME Core Group, Department of Trade and Industry)

Receptive companies that enlisted to participate were large companies, those with employees ranging from 452 to 4,556.

Another factor considered was the existing infrastructures, namely the medical facilities and health staff already available in the companies. Philippine laws mandate large companies to maintain the services of medical staffs, as well as dental clinic and an infirmary or emergency hospital (Book IV, Article 157). These in-house resources shall serve as the infrastructure that would support the implementation of the program.

3. Geographical Sites

Specific geographical sites with high TB prevalence were identified to participate in the project. These were companies operating in NCR (Las Pinas City, Makati City, Paranaque) and Southern Tagalog (Batangas, Laguna).

4. Industry Sector

Participating companies belong to various industry sector as follows:

Table 3

Industry Sector	Participating Company and Location
Agriculture – sugar industry	Central Azucarera Don Pedro (CADP)- Nasugbu, Batangas
Manufacturing – bathroom fixtures	American Standard – Las Pinas
Manufacturing—electronics & wire harness	Yazaki Torres Manufacturing Inc. (Yazaki)– Calamba, Laguna
Manufacturing – motor vehicle & assembly	Toyota Motor Philippines, Inc (Toyota)– Sta Rosa, Laguna and Parañaque
Manufacturing – textile & wearing apparel	Levi Strauss Philippines, Inc (Levis) – Makati
Transport and Communication - engineering services	NESIC Phil - Makati
Business Services – printing & publication	Bookmark - Makati, (Provincial offices - Baguio, Cebu, La Union, Batangas, Naga, Misamis Oriental, Davao)
Manufacturing – fabricated metal products	GST Phil – Taguig
Community, social & retail services	PBSP-Manila

5. Demand for a TB program

Demand for and perceived relevance of a TB program to the company were also important criteria. Four (4) out of five large companies that participated in the TB situation assessment reported incidences of TB.

However, out of sixteen (16) small- and medium-scale enterprises (SMEs) invited to participate in the project, only three signified intention to participate. PBSP member-companies that could not join the project expressed the following reasons: a) they do not have a TB case, b) they do not have the time and resources to pursue a TB program, and c) the project is not relevant due to the size of the company.

The succeeding presentation shall be confined to the five (5) large scale companies included in the study. A supplementary report shall be provided separately for the three (3) SMEs.

D. Methodology and Approach of the Assessment

Primary data were collected through key informant interviews and focus- group discussions (FGDs) utilizing the research tools for various data clusters from the workplace, community and employee and their household. Data gathered included knowledge, attitudes and practices (KAP) on TB of management, employees and their households. Health records of the company and immediate community health centers were the source of secondary data. Sample of employee groups from the rank and file and employees' household groups participated in the FGD on KAP.

II. RESULTS OF THE SITUATION ASSESSMENT

The situation assessment yielded relevant data and findings on the five (5) companies and their respective immediate communities. The research generated inputs on existing health policies and programs, experience in the management and treatment of TB incidences, resources that were made available for health care and TB management of companies and their respective immediate communities. The study also tried to capture particular knowledge, attitudes and practices of company management, employees and their households regarding TB as a disease and how exactly do they envision to handle and manage a situation when they find themselves in the shoes of a TB patient.

A. COMPANY CIRCUMSTANCES/DEMOGRAPHICS

1. Employee Profile

Profiling of employees of the five (5) companies revealed the following relevant data on employment status, rank, gender, civil status, age and residence and monthly income:

- Yazaki was the biggest while Toyota was the smallest in terms of employee size. Employees were mostly regular in employment status. Casual employees were limited to American Standard & Levis comprising 15% to about 22% respectively of its employee population.
- Between 67% and 89% were rank and file employees. CADP had the highest population of rank and file at 89%, while Toyota had 67%.
- Employees of American Standard, CADP & Toyota were dominantly male while Levis Strauss & Yazaki Torres were mostly female.
- About 68% to 87% of the employees of the five (5) companies were married. Toyota and American Standard had the most number of unmarried or single employees, 27% and 18% respectively. Majority had household sizes of 3 to 6.
- Two thirds of employees of CADP were over 40 years old and an almost similar proportion of Yazaki and Toyota employees were in the ages between 29 to 39 years old. Less than half or 46% of Levis employees were between 29 to 39. On the other hand, American Standard had the most number of young employees with 52% belonging to the age bracket of 18-28 years old.
- Majority of the CADP, Toyota and Yazaki employees lived nearby the company plants while that of American Standard and Levis came mostly from outside its workplace areas of Las Pinas and Makati:
- Over 80%, between 86% to 100% of the rank and file population earned over Ps.10,000 monthly. All employees of American Standard earned over Ps10,000 monthly. About 93 % of CADP earn Ps 10,000 to Ps20,000, Between 86% to 87% of Levis and Toyota were earning Ps10,000 to Ps20,000 and 86% of Yazaki rank and file personnel were earning Ps10,000 to Ps12,000. CADP and Toyota had rank and file staff earning over Ps20,000 monthly.

Details of the above profile is shown in the table below:

Table 4 : *Company Employee Profile*

	American Standard	CADP	Levis*	Toyota	Yazaki Torres
Total employees	624	852	452	1,246	4,556
Level					
▪ Managerial/Supervisory	96	190	114	406	780
▪ Rank-and-file	528	758	338	840	3,776
Employment Status					
▪ Regular	501	845	353	1,229	4542
▪ Probationary	24	7	0	17	14
▪ Casual	99	0	99	0	0
Age range	18-28: 324 29-39: 174 40-50: 112 51-65: 14	18-28: 37 29-39: 246 40-50: 336 51-65: 233	18-28: 18 29-39: 315 40-50: 98 51-65: 21	18-28: 353 29-39: 796 40-50: 79 51-65: 18	18-28: 934 29-39: 2377 40-50: 364 51-65: 875
Gender	Male: 593 Female: 31	Male: 698 Female: 154	Male: 116 Female: 336	Male: 1,088 Female: 158	Male: 859 Female: 3,697
Civil Status *(S/W- Separated/ Widow/er)*	Single: 98 Married: 521 S/W: 5	Single: 83 Married: 748 S/W: 21	Single: 99 Married: 334 S/W: 19	Single: 339 Married: 907	Single: 1,032 Married: 3,452 S/W: 81
Rank and File Monthly Income Range – Ps10,000 Below Over 10,000-12,000 Ps10,000-20,000 Over Ps20,000	 24 % 76.%	 4% 93% 3%	 14% 86%	 8% 87% 5%	 13% 87%

2. Company Health Policies, Facilities & Resources

2.1 Company Health Policies

The five (5) companies reported the existence of written and enforced health policies. TB was included as an ailment that was treated by the companies under the Collective Bargaining Agreements (CBAs) of American Standard as a TB Plan and CADP. A procedural standard was observed by Yazaki and Toyota in treating employees diagnosed with TB. Levis did not have a specific policy on TB

The mandatory SSS and Philhealth coverage, annual 15 days sick and 15 days vacation/emergency leaves were provided by all companies, as well as death benefits for its employees. Yazaki authorized 27 days sick leave with pay. Health care insurance, pension and retirement fund, life and accident insurance in favor of its employees were carried by all companies except for American Standard. American Standard has a TB Plan in the CBA stipulating health care benefits to employees with a provision that if

employee has not recovered, employee shall be discharged for permanent disabilities.

Table 5 : **Summary of Company Health Care Benefits**

	Amer/Std.	CADP	Toyota	Levis	Yazaki
Pay/Leaves	Based on CBA PTB Plan-50% of basic pay for 7 months in excess of leave credits	Full Pay for 180 days or 6 months while on treatment			27 days sick leave
Health Care Insurance		Company Hospital Free check up and hospitalization- maximum of 90 days including immediate dependents	Medicard – 50% coverage of 2 dependents	Insular	Covered by health insurance
Annual Medicine Allowance/Medical Cash Benefit	Annual Medicine Allowance Ps2,400	Fully paid by company	Rank and file – Ps3,000: Supervisory up Ps.4,000/. In excess, loan w/ payment via salary	Annual medical cash benefit Ps8,000 – medicines/ diagnostic tests	Ps500
	Amer/Std.	**CADP**	**Toyota**	**Levis**	**Yazaki**
Financial Aid/Loan	Subsidized Loans for treatment of family members thru salary deductions	Aid -Last daily wage x 25	Loan from Savings & Loan Association		Financial Advance from Company paid thru salary deduction

Levis, Toyota and Yazaki provided health care benefits through insurance coverage with company health maintenance organizations (HMOs).

CADP extended medical and hospitalization privileges of up to 90 days. Special supplementary financial aid was also extended equivalent to last daily wage multiplied by 25 plus the difference in SSS sickness benefit pay and company privilege of sick leave under pay**.** CADP also

referred employees to Makati Medical Center, Perpetual Help Hospital and UPHRMC. Beyond what is covered by the company benefit package, expenses were shouldered by the employees through a salary deduction scheme.

Health benefits in American Standard, Levis, Toyota and Yazaki included annual medicine allowance ranging from Ps500 to Ps8,000 to its employees. On top of this, American Standard absorbed 50% of the salary during the employee's authorized sick leave beyond the sick leave credit.

Toyota and American Standard employee dependents were covered by the company's health insurance. Family members of CADP can avail of free medical services from the CADP hospital while Yazaki employees and their dependents were also admitted in the accredited hospital of the company, St, Cabrini Hospital and a concessionary arrangement of salary deduction scheme for resulting expenses was also extended. American Standard and Toyota's Savings and Loans served as sources of employee loans in time of need.

2.2 Company Health Care Facilities

CADP operated its own hospital facility for employees while the other four (4) companies maintained company clinics within the plants and provided other health care benefits through accredited clinics and hospitals of respective health insurance companies.

Yazaki also provided medical treatment to its employees and their dependents through St. Francis Cabrini Medical Center similarly owned by the company owners.

CADP which maintained a company hospital and Yazaki Torres within its own clinic had available X ray and laboratory facilities. The rest of the companies had no X ray machine nor laboratory testing equipment like microscope for sputum microscopy.

All companies had access to private clinics and hospitals within half to 5 kilometers away from the plant. Public barangay or regional health centers were within reach by about .5 to 1.5 kilometers from most company plants. Only American Standard was 2 to 5 kilometers away from a public health center. A government hospital was a kilometer away from CADP and the Toyota, Sta Rosa plant and 4 to 10 kilometers away from the rest of the

companies. Toyota, Bicutan was the farthest from a government hospital which was 10 kilometers away.

2.3 Company Health Resources

Annual budget of companies for health care for 2002 was at Ps1.2 million for Yazaki, Ps.7.6 million for American Standard, Ps 17 million for CADP. CADP experienced an increasing budget allocation for health care from Ps 14 million in 2000, Ps15 million in 2001 and Ps 17 million in 2002. An increasing trend was also observed in its actual health care expenditures from PsPs15.5 million in 2000, Ps18.4 million in 2001 and Ps25.1 million in 2002.

7. Company TB Education Program

Only American Standard and Yazaki confirmed the existence of a TB education program which was supported by certain materials such as memo, leaflets and posters. American Standard conducted a seminar on TB facilitated by the clinic personnel two years ago while Yazaki conducted counseling and one on one discussions with employees. Employees diagnosed with TB were supplied with educational materials by CADP, Toyota and Yazaki Torres.

4. Suggested IEC package

Lecture forum was pointed out as the preferred IEC package by all. Poster was another identified preferred medium almost by all except Levis. The use of brochures, flyers and video as IEC materials was also indicated by three companies and comics by two companies. Only American Standard signified that theater plays as its most preferred IEC medium and suggested the holding of exhibit similar to that conducted for HIV-AIDS. CADP volunteered the ideas of poster making contest and lecture/talk on TB during flag ceremony.

5. Company Health Personnel/Workers

All companies employed full-time physicians & nurses. CADP had a full complement of twenty (20) medical personnel in its hospital composed of a surgeon/ anesthesiologist, radiologist, pediatrician, pathologist, nutritionist, dentist, pharmacist, nurses and 2 medical technologists. Yazaki had fourteen (14) with 5 physicians, 5 nurses, 3 midwife and 1 medical technologist. The

rest had two to seven full time medical personnel. CADP has one DOTS trained full time nurse.

6. TB Incidence and Prevalence

Only four (4) of the five (5) companies assessed had incidences of TB for the year 2002 and prevalence of TB over the last 3 or 5 years. Levis reported no incidence of TB. CADP had 3 to 6 cases per year since 1998 but with no TB case as of 2001. Toyota reported an increasing trend in prevalence, from 6 in 2000, 7 in 2001 and 10 in 2002. Yazaki reported second to the most number in a three year period which was 44 cases while American Standard had the least in the last five years which was 10 cases. However, in relation to employee population, American Standard, Yazaki Torres and CADP had the same proportion of prevalence of TB cases and Toyota had the highest percentage as shown in Table 6.

Table 6

	TB Cases	Employee Population	% Per Year Cases to Population
American Standard	10/5 yrs or 2 yr.	624	.32
CADP	17/5 yrs or 3/yr.	852	.35
Toyota Motors	23/3 yrs or 7.6/yr.	1,246	.61
Yazaki Torres	44/3yrs or 14.6/yr.	4,556	.32

Female TB patients numbering 40 were all concentrated in Yazaki and were mostly from the rank and file, earning an average of Ps13,200 monthly with 5 to 10 average family household size.

All CADP TB patients were male and have been with the company for twenty (20) years or more. In Yazaki , majority of the TB patients have been with the company for over 11 years. All TB patients from the four companies except CADP were employed with the respective companies for over three (3) years. In Toyota, four (4) of its TB patients originated from its Materials Handling Section.

All TB patients were diagnosed with TB while in the employ of the companies. None was referred to a DOTS facility. There were no reported deaths due to TB. Accordingly, all companies with TB cases claimed that all TB patients were treated and got cured. Eight (8) were still on going with their treatment: 3 in American Standard, 3 in CADP and 2 in Yazaki. Among the 64 Toyota employees suspected with TB , only 23 were treated and got cured. The rest of the 41 cases were found to be non-TB cases.

All companies confirmed availability of patient's record in company clinics. None of the companies reported the existence of a treatment partner in treating TB patients. Data on manner of diagnosis, types of TB cases, treatment regimen and length, source of anti TB drugs, manner of treatment, return to work advice are reflected in Table 7.

Table 7 : **Relevant Data on Employee TB Patients**

	American Standard	**CADP**	**Toyota**	**Yazaki Torres**
Diagnosis ➢ By sputum microscopy ➢ By chest x-ray	✓ (since 2001) ✓	 ✓	✓ (few cases) ✓	 ✓
Type of TB cases encountered	Minimal PTB/ Moderately advanced	Minimal PTB – 3 Moderate – 1	New	PTB-MINIMAL SPOT
Drugs given to patients ➢ For x-ray + ➢ For re-treatment	Quadruple and triple meds	Mirin P (4) tablets for new x-ray + Mirin P (4) tablets*	Iso/Rifam/Pyraz/ Etham	Iso/cafullecin/refa m/etham//vitamins Quadruple & triple med**
Length of treatment	6 months	Completed – 1; 6 mos. – 1; 5 mos. –1; 4 mos. – 1	Depends on physician's advice	6 months
Source of anti-TB drugs	Private drugstore		Private drugstores and referred by co. physician	Unilab & Terramed for discounted medicines. Private drugstores after two months
Treatment Monitoring	Through phone calls – clinic staff	Returned packets	C/o HMO	Returned packets by patients
Source of financing for treatment	Salary deduction if medicine allowance was exhausted	Company	Healthcare insurance for tests. Personal funds if annual medicine allowance was exhausted	Salary deduction for discounted drugs. Dependents are referred to RHU for diagnosis
Access to other treatment services	Public health centers	**Public and private health care providers**	RHUs, Public and private clinics hospital in the area	St.Cabrini Hospital and RHU
	American Standard	**CADP**	**Toyota**	**Yazaki Torres**
Return to work Advice	After 2 months	Between 3 to 6 months	Pulmonologist recommends, and Company doctor	After 2 to 3 months, patient undergoes

			informs HRD	another exam. Resumes with light load and no shift in schedule

B. IMMEDIATE COMMUNITIES OF COMPANIES

1. Community Demographics

Immediate communities of four (4) companies with TB incidences and prevalences included a city and municipalities covering 9 to 54 barangays with population between 100,982 to 472,278 as of 2000-2002. The other plant of Toyota Motor was located in Sunvalley, Parañaque City with a population of 33,631. About half of the community population of CADP, Toyota , Sta Rosa and Yazaki were in the ages above 15 years old. Population was composed of approximately 50% male and 50% female. Majority of household family size was between 3 to 6.

2. Community Health Policies, Facilities and Resources

All four (4) companies were accessible to nearby regional health units (RHUs) or barangay health unit which followed prevailing government health policies. Health services included consultations, minor surgeries, dental services, birth deliveries, immunization, treatment of pneumonia, acute respiratory infection (ARI), diarrhea, early detection and treatment of TB. All surveyed RHUs, including one BHU were DOTS oriented and practicing DOTS in TB management. These health units were funded by budget allocation from the corresponding municipal, city or barangay where the unit belonged.

The Toyota Sunvalley barangay health center was a microscopy center and two other barangay health centers nearby had capacities to assess patients with TB. Government and private hospitals and clinics near Toyota, Parañaque had x-ray equipment.

All RHUs had a full complement of health care staff including both full time paid and volunteer health workers. Almost all were trained on DOTS as shown in Table 8. Nasugbu, Batangas RHU had the most number of volunteer health workers of about 657, seconded by Sta. Rosa RHU with 111. Las Pinas RHUs had the most number of health personnel (physicians, 36 and nurses, 44 and midwives, 76).

Table 8 : Public Health Care Personnel in Catchment Area

	American Standard Las Pinas		CADP RHU of Nasugbu		Toyota Sta. Rosa RHU I		Toyota BHC, Sunvalley		Yazaki Torres	
	1	2	1	2	1	2	1	2	1	2
No. of Health Personnel										
➢ Physicians	36	31	3	3	1	1	1	1	3	3
➢ Nurses	45	44	6	5	1	1	2	2	11	11
➢ Midwife	76	75	37	32	4	4	2	2	49	49
➢ Medtech/ Microscopist	7	6	1	1	1	1	1	1	2	2
➢ Others health workers/ providers			660	660	111	11	20	0	0	
➢ Total	164		797		118		26		65	

1 – total (full-time & part time) 2 – trained on DOTS

Notes: Part time – 3 in Las Pinas and 2 in Nasugbu, part time physicians; 657 in Nasugbu and 20 in Sunvalley , part time volunteers

3. Community TB Incidences and Prevalences

Among the RHUs and a BHU surveyed, all reported incidences of TB. In Las Pinas, the community of American Standard recorded the most number of cases at 1,180 for 2002. Toyota, Barangay health center in Parañaque reported 57 cases. Shown in Table 9 are the patients' profile, diagnosis, case handling, types of TB cases handled, treatment regimen, treatment pattern, source of financing and drugs for each of the RHU and BHU:

Table 9 : **Public Health Unit TB Incidences**

	CADP RHU of Nasugbu, Batangas		American Standard Las Piñas		Toyota Sta. Rosa RHUI		Toyota Brgy. Health Center, Sunvalley		Yazaki Calamba, Laguna	
TB cases/ patients seen	132 (2002)		1,180 (2002)		115 (2002)		57 (2002)		164 (2002)	
Status	M = 87	F = 45	M =	F =	M = 85	F = 30	M = 30	F = 24	M = 118	F = 46
➢ Smear+	53	26	253	319	43	11	9	6		
➢ X-ray+	34	19	92	204	38	18	21	18		
➢ S+ & Xray+	No data	No data	No data	No data	4	1				
Common occupation	Marginal workers / Daily wage earners		Laborer		Construction workers; unemployed		PUV drivers, unemployed		Tricycle driver Construction worker	

Average income level	P5,000	P5,000	Income not fixed.		1000/mo.
Diagnosed:	132	1,180	112	57	164 (2002) 32 (2003)
Referred to DOTS facility	132	1,180			6
Accessed care on-site	132	27 health centers	115*	57	6
	CADP RHU of Nasugbu, Batangas	**American Standard Las Piñas**	**Toyota Sta. Rosa RHUI**	**Toyota Brgy. Health Center, Sunvalley**	**Yazaki Calamba, Laguna**
Manner of diagnosis >By sputum microscopy > By chest x-ray	 Yes Yes	 Yes Yes	 Yes Yes	 Yes Yes	
Type of TB cases encountered	Pulmonary Extra-pulmonary	Smear + X-ray + Extra pulmonary	Pulmonary smear +, pulmonary smear -, extrapulmonary TB, new cases, relapse, transfer-in and treatment failure.	Pulmonary	Pulmonary New, relapse Transfer-in

** F - Female M - Male*

Treatment regimen is shown in Table 10. As can be observed in the same table, sources of financing for treatment and anti TB drugs mainly come from the local government unit, national, provincial, municipal or barangay level and from the Department of Health.

Both American Standard RHU in Las Piñas and Toyota RHU 1 in Sta. Rosa reported an increasing trend in health care budget from 2000 to 2002: from Ps 59.5 million in 2000 to Ps 73. 4 million in 2002 for Las Pinas and from Ps 8.5 million in 2000 to Ps 14 million for Sta. Rosa. A budget allocation of only Ps 4.7 million was made available to CADP's RHU in Nasugbu, Batangas for year 2000.

Table 10 : **Public Health Unit Treatment Regimen, Source of Financing/Drugs**

	CADP RHU of Nasugbu, Batangas	American Standard Las Piñas	Toyota Sta. Rosa RHUI	Toyota Brgy. Health Ctr.,Sunvalley	Yazaki Calamba, Laguna
Drugs given to patients		Depends on case encountered			
➢ For x-ray +	Rifampicin 450mg., PZA 500mg., INH 300mg and Ethambutol 500 mg,	Quadruple	Isoniazide, Rifampizin, Pyrazinamide	Quadruple	
➢ For new Smear +	Rifampicin, PZA, INH, ethambutol	Quadruple	-same-	-same-	Refampizin/Iso/ etetham/Pza (2 mos.)

➢ For re-treatment	Rifampiicin,PZA, INH, Ethambutol and Streptomycin	Quadruple + streptomycin	Isoniazide, Rifampizin, Pyrazinamide, Ethambutol	Quadruple + Streptomycin	Strepto - 3 mos. Refam/etham/ Iso – 5 mos
Treatment > Directly supervised > Treatment partner	Yes Health worker/ barangay health worker	Yes Health worker, family member, Health volunteers, other members of the community	Yes Barangay health workers go to houses of patients to administer dosage	Yes Health workers go to houses of patients for dosage of medicines	 BHW
Source of financing for treatment	Provincial government LGU	DOH LGU		DOH	Nat'l/Local
Source of anti-TB drugs	DOH (regional and provincial), LGU	DOH	DOH and LGU	DOH	Nat'l/Local

C. Knowledge, Attitude & Practices (KAP)

There were a total of 296 respondents from various groups of respondents: 54 from management, 148 from employee and 94 from household members of employees. Yazaki had no respondents for employees and both Yazaki and American Standard were unsuccessful in conducting an FGD with household members.

The interviews held with company management and focus-group discussions (FGDs) conducted with rank and file personnel and their families generated the following data on knowledge, attitudes and practices in relation to tuberculosis as a disease.

1. Knowledge on TB

From the responses gathered, about 95% of respondents seem aware of the basic nature of the TB ailment as a contagious infection of the lungs, that it is a deadly but curable disease. However, it can be gleaned from the responses that employees seem to be more aware of factual data on tuberculosis than company management.

Management respondents cited more myths and misconceptions on TB like excessive overtime, nightlife, abuse of one's body by smoking, drugs and lack of sleep, over exposure to hot/warm

climate as possible causes or contributing factors in acquiring the disease.

2. Ways of Transmission

The responses of both management and employee respondents implied that about 60 knew that TB was transmitted by contact with infected persons, kissing, touching, by having sex or by sharing food/utensils (tagayan) or by blood transfusion. Only 35% believed that TB was transmitted airborne, through talking with and by coughing of patients in a poorly ventilated place or transmitted by patients because of lack of sanitation, poor environment and in crowded places.

Also, 42% of respondents conceived that TB was contracted because of malnutrition, over fatigue or lack of rest and sleep, vices like smoking and drinking, exposure to fumes, smoke, dust, pollution, chemicals.

Few employees believed that TB is hereditary, caused by allowing sweat to dry on worn clothing or sleeping without clothes, relapse after giving birth. On the other hand, a few management personnel said that one can get TB by an infected family member, through sex and by using an infected face towel.

3. Ways of Prevention

The most popular identified ways of prevention were consulting the doctor and taking care of one's health, getting enough rest and exercise, observing proper diet, practicing good personal hygiene.

A number cited avoiding and staying away from infected persons was one sure way of contracting the disease which also meant refraining from talking with infected persons for long period and not using utensils and leftovers of infected persons.

A few said clean living/no vices, no smoking and drinking liquor was another preventive measure.

There were one or two respondent/s for each of the following responses: proper medication/ vitamins, keeping a clean environment, avoiding polluted places w/ smoke, exhaust & dust abound and wearing safety gadgets in plants as good preventive measures.

Another preventive way given by a management respondent was to avoid getting sweat dried on body. Another said that being aware and informed about TB can help prevent TB.

4. Knowledge of Treatment

Management respondents knew better the proper treatment of the disease which was regular medicines with rest and proper diet and nutrition for 6 months. On the other hand, only 10% of employees were knowledgeable about monitored medication and proper treatment of TB.

All respondents were aware of the six-month treatment period of TB.

5. Persisting Stigma on TB

The stigma on TB still persist judging by quite a number of responses indicating that they will feel embarrassed, ashamed, depressed, sad and worried when they acquire TB because they know TB is contagious which shall result in isolating oneself and being separated from family and friends.

Management (10 respondents) expressed more anxiety and apprehension should they contract TB. Accordingly, a few will feel shocked, stressed, confused, fear death and shall be questioning why such disease afflicted them.

Some 21 employees expressed acceptance of the diagnosis and willingness to undergo treatment and said that they shall not worry and shall not be afraid because TB is curable now.

6. Employee Action/Response when they find out they have TB

Consistently, employees reaction/s were very positive and responsible should they find out they have TB. About 40% said that they shall undergo treatment, take medication regularly, take necessary sick leave, consult a doctor or health center and follow the doctor's advice. They shall take care of one's self/health, rest from work, go home to province, get enough sleep/rest. A few said that they shall be more careful/cautious so that other family members shall not get infected.

6.1. Expected Reactions From Co-Employees by TB Patients

Expected reactions from co employees finding out they have TB were ridicule, teasing, **“kakantiyawan ako” , “madidiri”**and that they shall be avoided and isolated for fear of infection.

6.2 Employer and Employee’s Expected Reaction/s

The anticipated reactions of employer and employees were consistent and were mutually supportive of each other.

Management declared that they shall give moral support, counseling, tips/advise that TB is curable with complete rest and medication. Employee shall be encouraged to get cured and made aware “na hindi pinandidirihan ito”, not a big problem anymore with advanced technology. Some gave assurance that the concerned employee shall be referred to company hospital/ clinic/physician for treatment, shall show caring attitude, give full support – medically, financially and emotionally.

A few responses from management (1-3) specified plans to organize counseling activities, conduct of study to identify the root cause, extend necessary assistance to process SSS claims and provide financial assistance like an interest free loan. Only one respondent declared to keep distance from the TB victim.

Employees expressed the expectation that company or employer shall grant sick/medical leave upon company doctor’s advice. Only one respondent worried that company might not pay employee’s salary while on indefinite leave if leave credit was exceeded.

7. Preferred Parties to Inform About Illness and Reasons

About 27% of respondents from management cited family members and 24.5% wanted spouse (wife or husband) as first party to be informed when they find out they have TB. For the employees, 60% identified the spouse while 40% chose the family members as first party to know. The unmarried respondents belonged to the 40%.

Management and immediate supervisors, company doctors were the other parties to know based on preference of all respondents.

Officemates or co-employees and neighbors were parties also mentioned by a few of the respondents.

Moral and financial support, help to get cured, prevention of contamination and protection of loved ones were the main reasons pinpointed by respondents why spouses and families should be the first to know.

8. Willingness on Treatment and Preferred Location

All respondents agreed to treatment and medication and signified willingness to pay for the cost of treatment. Preferred venues of treatment for the two groups of respondents were as follows:

Table 11

Management	**Employee/Households**
▪ Hospital – 5 ▪ Home – 3 ▪ Health center – 2 ▪ Co. Clinic – 2	Hospital –37 for test (Toyota re. Medicard) Home – 32 for medication (Toyota); Company clinic – 11; Health Center/ any where treatment is available – 11

Employees shall seek help from the rural health unit if company benefits like medicine allowance were exhausted. They shall be ready to draw from personal savings if company and public resources were not enough to complete treatment and recovery from the illness.

Both the management and employee respondents signified desire for the company to pay for the treatment, especially if the illness was contracted from the workplace. Some management respondents recognized the need for a company program considering the country's proneness to pollution.

D. Company's Policies & General Attitude Towards TB

Most companies, except for Levis enforced existing policies on TB management and all manifested willingness and were in fact providing the necessary treatment to employees afflicted with TB. Specifically for CADP and American Standard, company concern for

TB treatment was further reinforced as it is incorporated in its Collective Bargaining Agreement (CBA) with their respective labor unions.

CADP provided a comprehensive medical coverage for its employees. American Standard required counseling for TB patients as part of its health care services. Levis treats TB as any other medical case where employee should undergo medication. Company assistance can come in the form of interest free loan aside from moral support. Specific company policies and benefit package extended to employees with TB are detailed in Table 5 on "II A-Company Circumstances and Demographics."

As a normal procedure, the companies required an employee to fully recover before allowing them to go back to work. For Levis, employees were required to take a forced 6 month sick leave and clearance from the doctor before returning to work.

1. Management Action on Returning Employee

The following management action shall be effected by the companies on the returning employee:

- Resume work but given light load
- Resume regular work, give normal load and treat normally as anybody
- Re-instate upon clearance from physician and give clearance to return to work
- Advise not to drink alcohol & quit smoking

2. Observance of Confidentiality

While most agreed that confidentiality should be observed in handling TB cases among employees and that such information should be restricted to clinic personnel and supervisor only. However, there were existing circumstances and practices in the companies that could prevent for such protocol to be enforced:

- For CADP the company maintains a bulletin board showing number of absences and reasons

- CBA and others will find out because employee has to take leave after annual check up.

- Ordinarily known through a leave of absence and daily report rendered by the supervisor.

E. Effects and Cost of TB Incidence

Only a few of the management respondents recognized the negative impact of TB in the company. Only three out of fifty four respondents were definitive that TB is costly for the company and the perceived effects of the disease were described in the following manner:

1. Increase in training cost, particularly for replacement of sick personnel
2. Domino effect since whole operations is affected, specially if the afflicted personnel is a key and well trained member of the company
3. Double cost as somebody would take the place of sick employee who is just temporarily absent
4. Increase cost because of overtime pay of employee absorbing work of sick employee
5. Bad company image
6. Lower productivity as a result of lower units produced due to lost time and disruption of work schedule.

Six (6) respondents felt that the absence of a sick employee can be easily addressed by manpower balancing through re-assignment/adjustment of work loads or training and coaching of replacements. Impact was minimal since the group can easily catch-up because of team work. One of the respondents felt that TB is not that serious nor hazardous to the company.

A company executive felt that absorbing the cost of TB treatment was not an issue since cost of TB medication is cheaper compared to treatment of other ailments like chemotherapy or heart by-pass which the company supports. Still another expressed that the company has existing budget for workers' welfare and health care.

A number of respondents (11) affirmed that there was reduction in morale, motivation and concentration, reduction in average level of skills and breakdown in work discipline. One respondent pointed out that there is a decline in production volume and quality as far as the afflicted employee is concerned and commented that "hindi pwede magbuhat at ubo ng ubo."

F. Facilitating and Hindering Factors

Among the facilitating and hindering factors identified by the management respondents are as follows:

1. Facilitating Factors:

1.1 Existence of Information and Education Campaign

This shall ensure the conduct of information dissemination on TB in the company, family and community that can be in the form of posters, leaflets and video/documentary for people to see. The efforts can be augmented by company memorandum to supervisors and managers to drum up the importance of prevention and immediate cure of employees with TB.

1.2 Monitoring and Follow-up Mechanism

A mechanism should be in place to monitor patient's treatment and its periodic progress and results. The formation of a core monitoring group was viewed as contributory measure in effecting this.

1.3 Cooperation of Patient and Participation of Patient's Family

The cooperation and compliance of the employee was seen as another vital factor. Relatedly, the participation of the patient's family in knowing the condition and in helping in the treatment was pointed as essential to ensure recovery.

1.4 Willingness of the Medical Department

As the lead implementing group of DOTS within the company, the willingness of the medical department or team to administer the system was seen as a logically important element..

1.5 Presence of management implementation plan, work schedule and budget

2. Hindering Factors

2.1 Unsupportive company

2.2 Non-availability of IEC materials to address the lack of knowledge on TB

2.3 Hectic Schedule - Non availability due to time constraint for information campaign

2.4 Patients' Attitude - resulting in non-compliance and failure to immediately and fully treat the disease

2.5 Continuous exposure of the patient to harmful elements within and outside the company

G. Extent of Need and Willingness of Companies to Implement DOTS

Majority had no awareness and knowledge of DOTS but a number of respondents (7) expressed openness to the idea, and implied " kung maganda", we are willing to implement a TB program that would include family members.

Three (3) of the companies (CADP, American Standard and Toyota Motor) manifested willingness to adopt DOTS in the management of TB cases in their respective companies.

III. GENERAL FINDINGS AND CONCLUSION

A. General Findings

1. Minimal TB Prevalence

The existing TB situation in the five (5) companies assessed were not alarming and would seemingly not warrant the shift from the present companies' TB management program and procedure because of the following:

1.1. TB incidences and prevalence in the companies of .3% to .6% were minimal and were much below the 4.2% national prevalence of x-ray positive cases. In fact, Levis had no recorded TB case for the last two years.

1.2. Full cost of treatment and medication was not footed or absorbed by companies except in the case of CADP. CADP operated its own hospital for employees and their

dependents and shouldered the full cost of the treatment and salary of the patient while on sick leave. Three (3) of the five 5) companies maintained health insurance coverages.

1.3. TB incidences and prevalence seem to be controlled through an annual physical examination (APE) which was required by all companies.

1.4. A hundred per cent (100%) cure rate was claimed by all the companies with TB cases.

2. Situation in Levis Strauss

The absence of TB incidence in Levis may be due to certain policies and practices of the company which maintained about 22% of casual employees and which required employees suspected of TB to be on forced leave of six (6) months.

3. Diagnostic and Treatment Practices

Companies mainly relied on X ray results as it main diagnostic tool for determining TB in employees and two of the companies were not strictly observing the required 6 month treatment period for TB.

4. TB Prevalence in Communities Where Employees Reside

Majority of CADP, Toyota, Sta. Rosa and Yazaki employees resided within the immediate communities of the companies which similarly have incidences of TB based on data from nearby RHUs.

5. Minimal Effect of TB in the Workplace

Only a minority of the company management respondents recognized the negative effect of TB in the workplace in terms of personnel and training cost to replace the TB patient , reduced productivity and bad

company image. A number affirmed certain qualitative effects of the disease such as reduction in morale, motivation and concentration, reduction in average level of skills and breakdown in work discipline. These effects however could not be quantified. Some even felt that the cost implication of the disease for the company was negligible and do not result in any significant incremental expenses. Thus, no cost benefit analysis could be derived.

6. DOTS as CSR

It maybe a better marketing strategy to present DOTS as a Corporate Social Responsibility (CSR) concern to the top executive of the companies rather than as a cost benefit opportunity since company cost involved in treating the patient is nil or minimal. Although in the case of CADP, a certain amount of savings or benefit can be presented in favor of DOTS in the aspect of paid leaves. With the sputum microscopy, correct diagnosis and treatment can be more assured, and affected employee can be allowed to return to work earlier than 3 to 6 months.

B. Conclusion

Despite the lack of urgency and demand prompting the change in managing TB in the workplace, the companies positively expressed interest in implementing the DOTS strategy. The participation of the key health personnel of five companies, mainly the company doctors, in the initial DOTS activities (situation assessment, DOTS orientation and technical working group workshop) undertaken by PBSP provided all the prospective companies an appreciation of the advantages and benefits of the DOTS as a strategy. Only the Yazaki Company Doctor, co owner of the company was not present during the DOTS activities. It is envisioned that with a business case presentation, the management of Yazaki Torres could be more open and could change its somewhat lukewarm position on DOTS.

A system of drug supply existed in the compan ies either as full or partial subsidy or as loans by companies to affected employees. Companies were willing to employ the DOTS competency and facilities of the nearest public health units, were willing to undertake the necessary recording and reporting and agreed to ensure a treatment partner for any employee that shall be afflicted with TB.

Considering the above-cited five elements of DOTS implementation, the corporate and community environment appear to be very conducive and

encouraging in the three companies, namely American Standard, CADP and Toyota. Given the distinct circumstances of these companies, at least three (3) different models of DOTS implementation can be expected to evolve.

INITIAL RESULT OF SITUATION ASSESSMENT IN SELECTED SMALL AND MEDIUM-SCALE ENTERPRISES (SMEs)

The result of the TB situation assessment among three (3) small-scale enterprises employing less than 200 personnel is presently being consolidated.

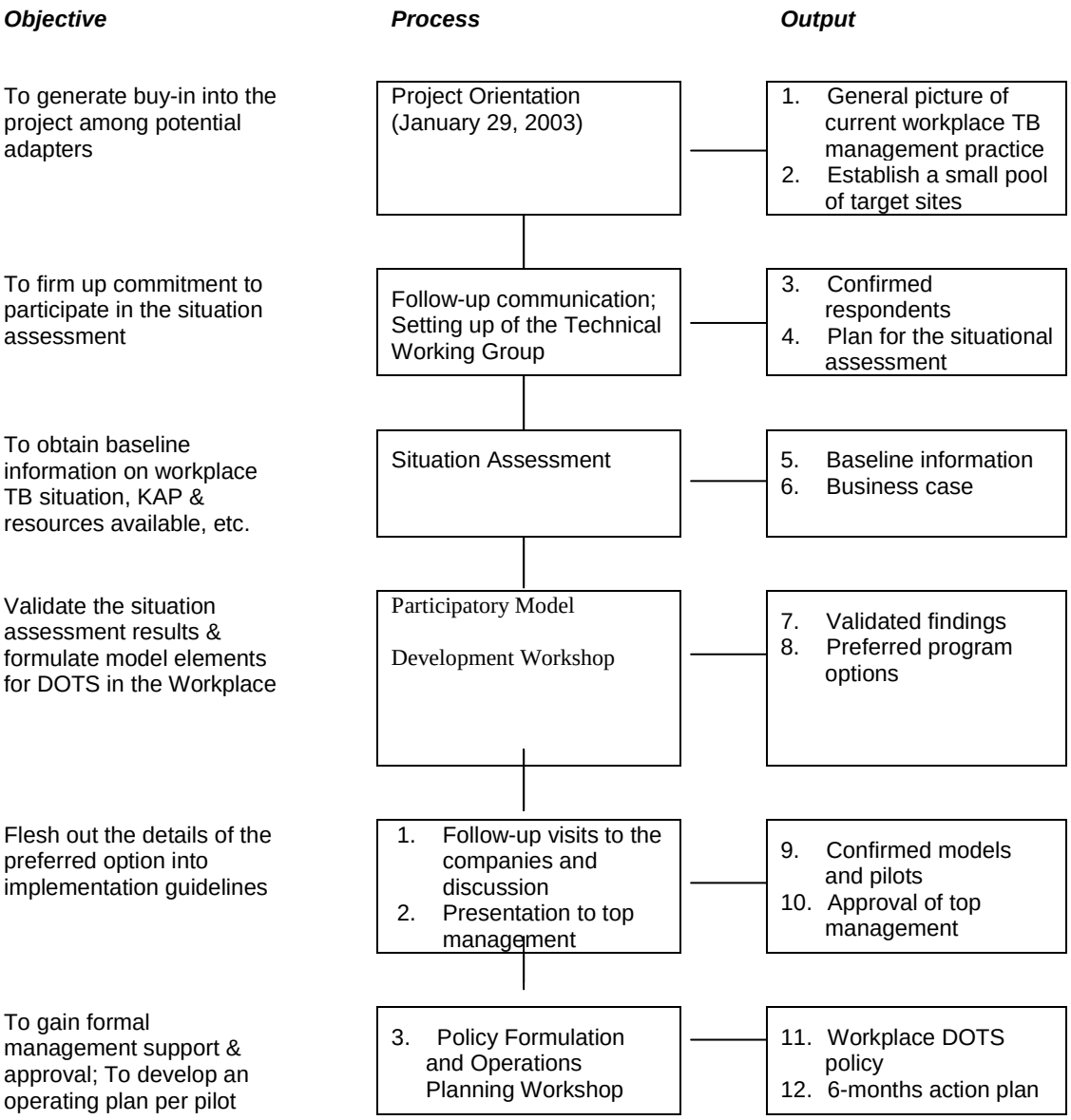
Highlights of the report are as follows:

- Bookmark Incorporated employed 114 personnel in its provincial offices all over the country. Reported TB prevalence of four (4) cases. The company was interested in the TB education program of the TIPS-DOTS project.

- NESIC Philippines Inc, a subsidiary of the NEC Group employed 121 personnel composed of engineers who were on mobile assignment as part of their consulting function. There had been no reported case of TB. NESIC was keen on participating in the TB education program. A DOTS in the workplace program was seen as more relevant if it were undertaken as a joint project of the NEC Group consisting of six (6) subsidiary-companies.

- GST Philippines as a small enterprise had 33 employees. A forklift operator contracted TB but had returned to work, registering as the only TB case reported in the company. TB education would be relevant for GST.

While it appears that the companies were more inclined to participate in the IEC/advocacy component of the project, PBSP will continue to assess the viability of a DOTS in the workplace program among them. The companies will be invited to the CEO session with the objective of further assessing the relevance of DOTS in their respective workplaces.



III. Models Developed

Is TB a business concern?

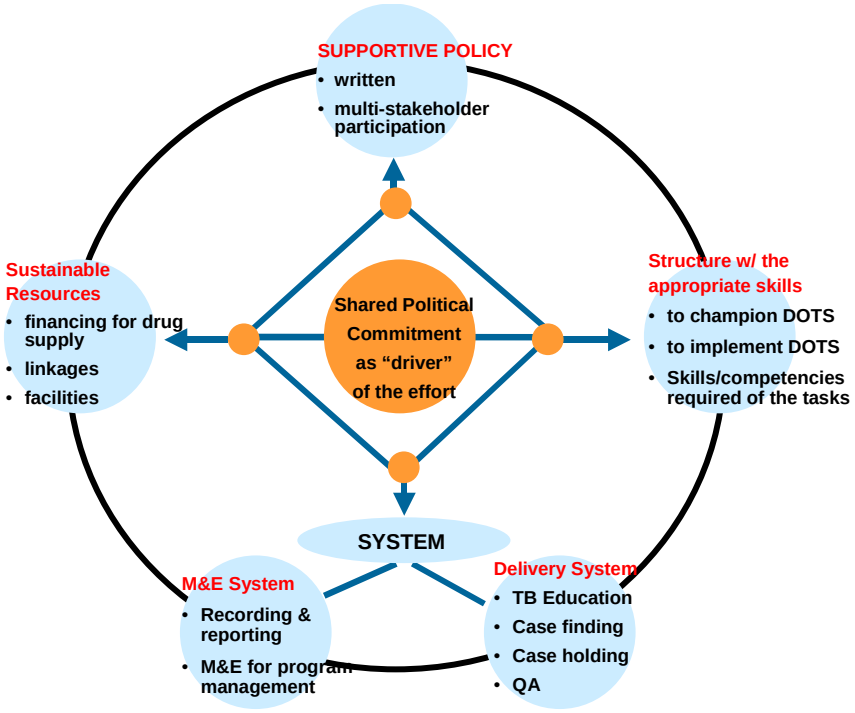
The initial thinking among the project team was that a business case from largely the economic standpoint could be made following the assessment. The results proved otherwise. All companies surveyed showed that they have a high cure rate for TB patients. Given the low prevalence and ability of the companies to find

replacement of workers afflicted with TB, management responses showed that TB not hurt the company's profits.

For the companies surveyed, the appeal of the DOTS in the Workplace Project rests on its anticipated effectiveness in curing TB. Since the general of employees and dependents is a key result area in the companies' corporate social responsibility (CSR) thrusts, the project therefore is perceived as an expression of CSR than an economic initiative for the business. Commitment to employee welfare extends beyond policy articulation in collective bargaining agreements that aim to maintain industrial peace. "To take care of employees" is a corporate value. CADP, for example, considers the company as one big family. Toyota Motor calls itself the Toyota Family.

Systems Framework

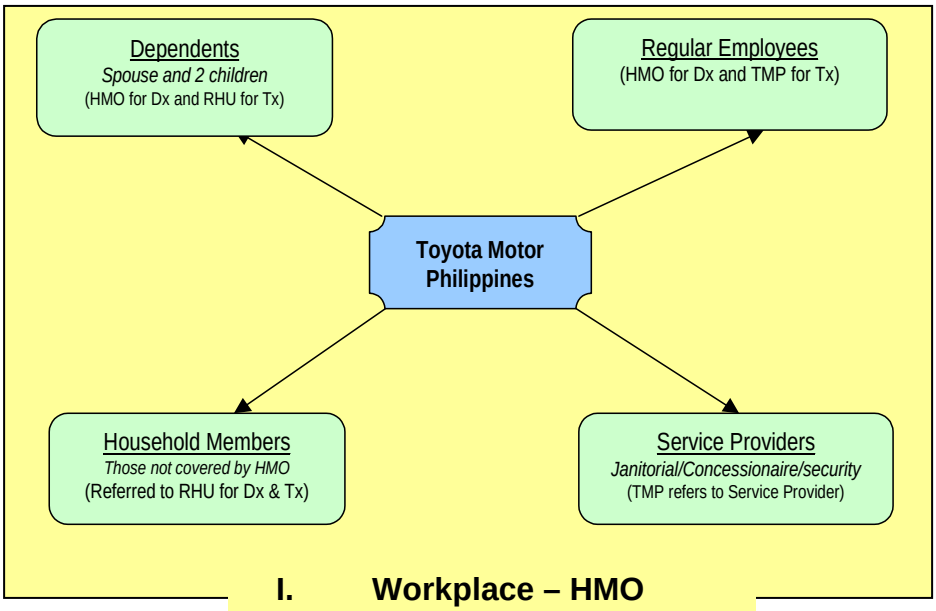
The five DOTS elements, combined with good CSR programming was transformed into a systems framework for developing the DOTS models:



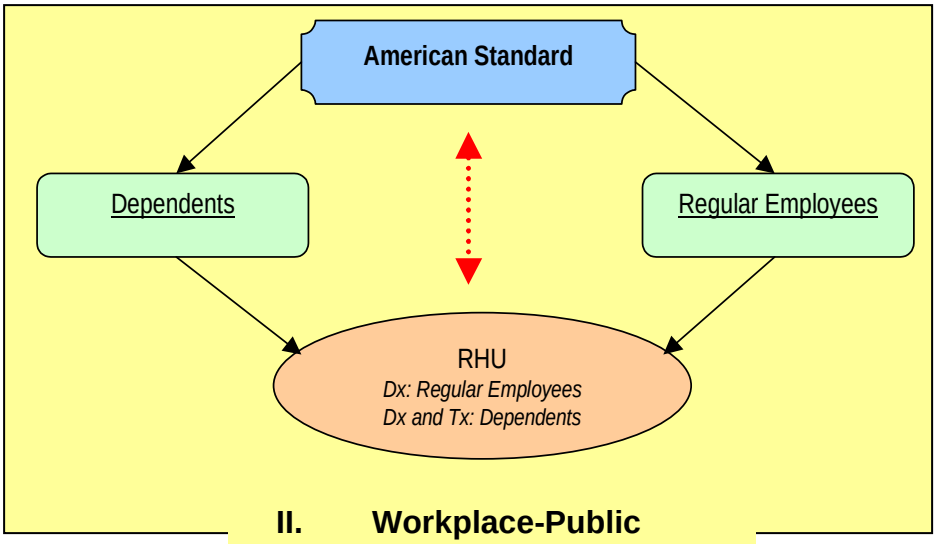
Three models have so far been developed for three pilot sites namely: Toyota Motors, American Standard and Central Azucarera Don Pedro. The models, illustrated below, are tentatively referred to as (1) Workplace++, (2) Workplace-Public Referral, and (3) Workplace-HMO Referral.

CADP's is called the Workplace ++ in recognition of its comprehensive coverage. It will be a stand-alone model that provides sputum microscopy as and on-site treatment for the employees and their dependents, applicants and the rest of the community members.

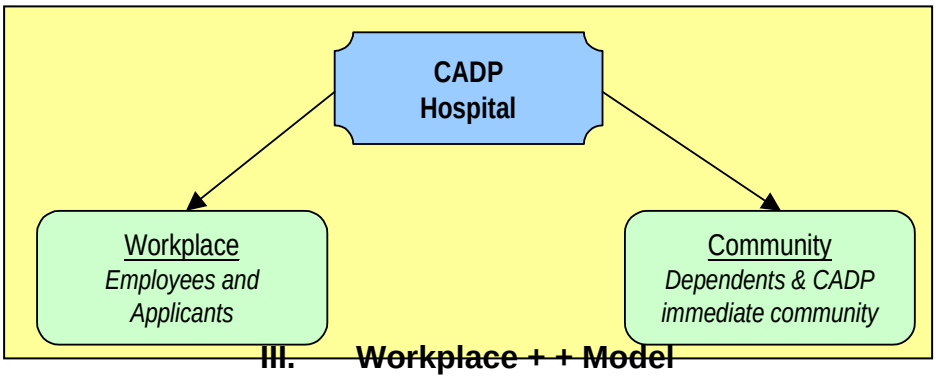
American Standards' will be a Workplace-Public Referral wherein the company links up with the RHU while Toyota Motors' will be a Workplace-HMO model. These models are illustrated on the next page.



I. Workplace – HMO



II. Workplace-Public



III. Workplace + + Model

The company profile, community demographics and the implementation guidelines for the three models are described in the next section of this report.

A. CENTRAL AZUCARERA DON PEDRO WORKPLACE++ MODEL

Company Profile

The Central Azucarera Don Pedro (CADP) is the leading sugar company in the Philippines. It produces both raw and refined sugar. It is the mill district in Batangas, Laguna and Cavite, covering a total area of nearly 30,000 hectares. It is located within the municipality of Nasugbu, Batangas. The municipality has about 42 barangays with a total population of 100,982 or 20,563 households. Highlights of company demographics are as follows:

1. CADP has 852 workforce of which 89% belongs to the rank-and-file
2. 11% belongs to the managerial and supervisory levels
3. 99% are regular employees
4. 82% are male
5. CADP provides housing within the CADP community to managers and supervisors
6. 6. 61% of rank-and-file employees lives in the nearby communities or in the housing project of CADP
7. ➢ 39% belongs to 40-50 year old bracket.

Health Policies, Facilities and Resources

CADP gives much importance to the health and welfare of its employees as manifested by the benefits they provide to their employees. The company's Agreement on Collective Concern (CBA) specifically under Article VII includes tuberculosis among others as one of the company's concern for assistance.

Company benefits include:

1. ➢ *health care insurance*
2. ➢ *pension fund*
3. ➢ *life/accident benefit*
4. ➢ *death/funeral benefits*
5. ➢ *subsidized loans*
6. ➢ *sick leave*
7. ➢ *bereavement/funeral leave*

CADP company employees verbalized that they enjoyed better benefits as compared to other similar companies. They attributed this to the company values of treating employees as one big family.

The company has its own hospital facilities wherein the workers and its immediate dependents can avail of free medical check-up and hospitalization. For other cases, the workers and their dependents are referred for treatment to HMO-accredited hospitals like Makati Medical Center, UPH-RMC and Perpetual Help.

The Company Hospital has adequate facilities such as a laboratory, radiology room, pharmacy, and beds to accommodate patients and perform operations (including major operations) as they have full time resident surgeon and anesthesiologist. However, access to Company Hospital is limited to company workers/ employees and their dependents except (seldom) on emergency cases.

TB Prevalence and Management

IV.
V. Cases: 17, since 1998
Type: Pulmonary Tuberculosis
Manner of detection: Chest x-ray
Duration of treatment: 6 months
Cured & back to work: 100%

Over the last five years, CADP through its company hospital has provided an estimated ₱6,645.60 per patient for six months or 112,975.20 for the 17 TB patients. This excludes cost of vitamins, consultations, x-rays, sick leave and financial assistance. Some patients were given clearance to return to work before 6 months but they still have to continue six months of medication.

Employees with suspicious CXR results are asked to take another CXR. If they are found to be CXR(+), they are advised to go on leave for 30 days and are given one month supply of medicines. They are asked to visit the CADP hospital after a month for chest x-ray. If the result is negative, return to work clearance is given and medication is continued. Otherwise, PTB leave is extended until the patient is declared fit to work.

CADP provides the medication for 6 months although intake of medicines is not supervised. The health staff believes that employees would like to be cured because of the company incentives and benefits. Furthermore, employees are aware that failure to recover would result in termination. Since treatment is not supervised, records are very minimal and do not conform to the NTP standards.

Source of supply of anti-TB Drugs

The Company purchases its anti-TB drugs from Wyeth Company. Additionally, since 2002 the Sugar Industry Foundation Inc. (SIFI) has provided CADP with free medicines (such as MirinP) and other hospital supplies/equipment on CADP's request.

PREFERRED OPTION : Workplace ++ Model

Based on the inputs provided by the TIPS-DOTS project team as well as interaction with the other companies and considering the available resources to them, the TWG of CADP headed by its Medical Director formulated their preferred option. In this model, the company provides all the services and facilities for TB management. Expansion of services to the community is an added feature, thus the Workplace ++ DOTS Model.

1. Case Finding

Employees, dependents and applicants with suspicious CXR results shall be required to undergo sputum exam at CADP's laboratory.

2. Case Holding

CADP shall ensure availability of drugs during the treatment by purchasing the needed medicines for the entire treatment. Free supply of medicines from SIFI will further ensure availability of drugs. Medicines will be given on a monthly basis to the patients. In case supplies run out, patient may purchase drugs which will be reimbursed by CADP. For the entire duration of the treatment, the spouse will be the treatment partner in close coordination with the CADP nurse or medical staff. KAUGNAY, a health and family welfare volunteer group, will follow-up treatment compliance.

3. Recording and Reporting

Recording and reporting will be based on the NTP forms with the nurses taking the lead in close coordination with the treatment partners.

4. TB education

CADP is willing to develop a TB education program. For advocacy, the company shall involve the KAUGNAY as advocates/peer educators. Posters and lectures/forum are their preference for effective IEC. In addition to these, they plan to tap their pool of writers to come up with comics in the vernacular form.

5. Resources

<u>Facilities and Financing</u>

The Company Hospital has adequate facilities such as a laboratory, radiology room, and pharmacy. The hospital also has two (2) full-time medical technologists and nurses (one is trained on DOTS).

To ensure uninterrupted drug supply, CADP shall include cost of medicines for TB treatment in its medical unit budget. Patients shall be provided with free medicines, vitamins, laboratory and regular check-up by company hospital physicians and will be entitled to a minimum of 30 days and a maximum of 180 days sick leave with pay.

Linkages

As of 2002, Sugar Industry Foundation Inc. (SIFI) provided assistance to CADP by giving free medicines and other hospital supplies and equipment. Medicines and equipment are provided depending on the request of the Medical Director. This partnership will be maximized in implementing DOTS.

SERVICE TO THE COMMUNITY

CADP has a large catchment area with its operations extending throughout its expansive agricultural land holdings. The company is characterized as one big family. It looks after the welfare of its employees as well as their beneficiaries.

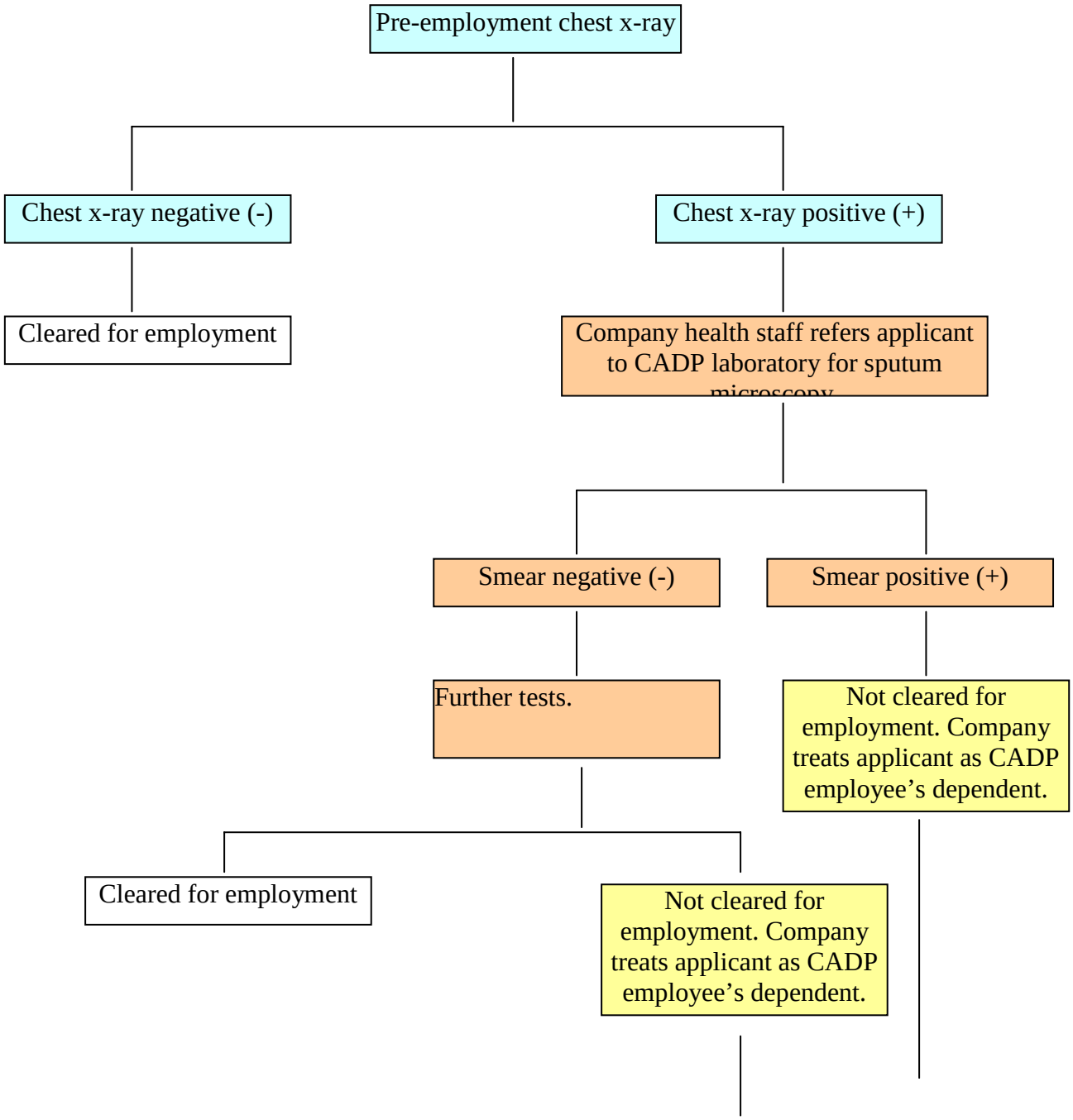
With the Workplace ++ model, CADP will provide complete support to its employees and their beneficiaries from TB diagnosis, treatment and education. In implementing all components of the DOTS strategy, it will utilize its medical facilities and resources. This includes building in-house capability in the diagnosis of TB through sputum microscopy.

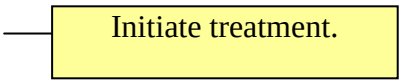
The implementation of the Comprehensive and Unified Policy for TB Control (CUP) provides an incentive for CADP to extend its TB-related services to the broader CADP community (walk-in clients). CADP is positively considering requesting PhilHealth accreditation to be a DOTS Center; thus the Workplace ++ model.

CENTRAL AZUCARERA DON PEDRO DOTS IN THE WORKPLACE MODEL
WORKPLACE++ MODEL

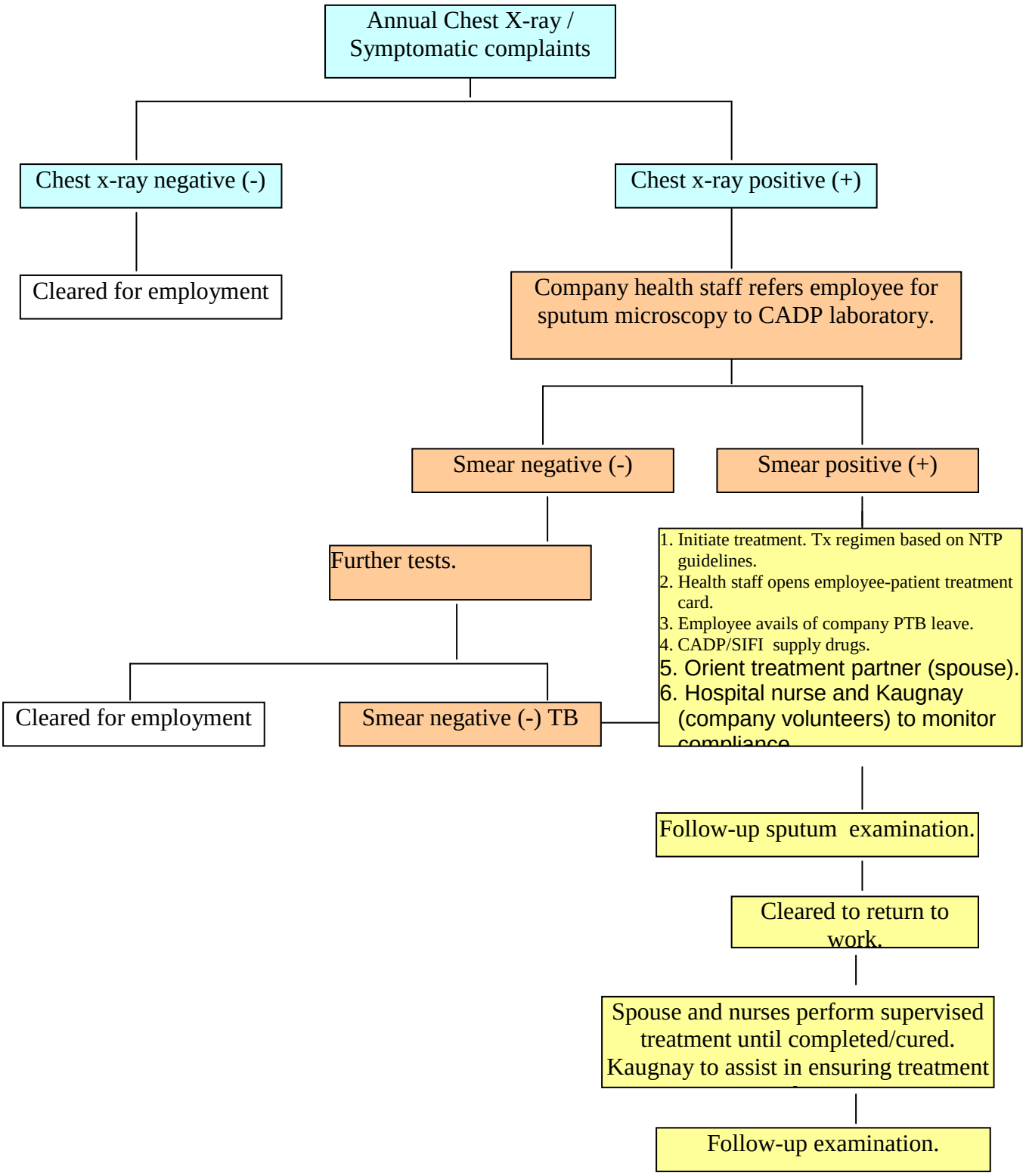
PRE-EMPLOYMENT

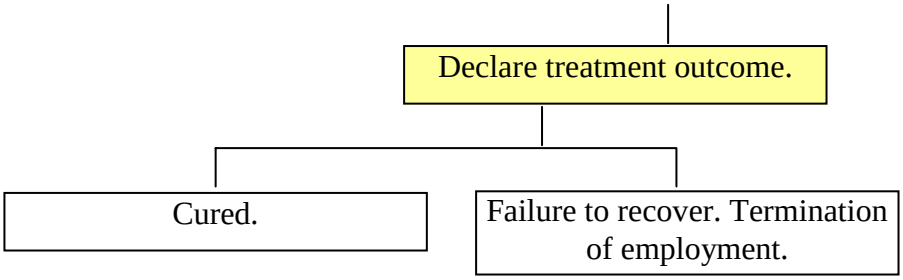
Note: Most CADP applicants are dependents of CADP employees.




Initiate treatment.

ANNUAL PHYSICAL EXAMINATION AND SYMPTOMATIC COMPLAINTS





B. AMERICAN STANDARD COMPANY

IV. WORKPLACE-PUBLIC REFERRAL MODEL

Company Profile

World-class sanitary wares producer American Standard began operating in the Philippines in 1961. It currently employs 624 personnel at its plant and office located in Almanza, Las Pinas City. Highlights of company demographics are as follows:

1. Rank-and-file employees comprise 85% of the employee population.
2. Managers and supervisors comprise 4% and 11%, respectively.
3. Majority (70%) resides outside of American Standard's immediate community, while 30% resides in Las Pinas and the nearby Muntinlupa City.
4. Employee population is predominantly male (95%).
5. Monthly income of rank-and-file employees range from P6,001 to over P20,000.
6. There are 3-6 family members among majority (96%) of employees.

Health Policies, Facilities and Resources

The new Collective Bargaining Agreement (CBA) signed in 2001 resulted in marked improvements on employee salaries, medicine and hospitalization allowances. It embodies a PTB Plan which cushions the negative economic impact of PTB among employees diagnosed with the disease. The PTB Plan states:

"*any employee disabled from work due to PTB or other long ailments that would*
require more than a month of treatment shall be given 50% of his basic salary for seven

(7) months after exhaustion of sick leaves and vacation leaves. Thereafter, if the

employee has not recovered from his illness, he will be discharged for permanent

disabilities."

American Standard cited its existing linkage with the Las Pinas Health Center. The company avails of free family planning pills from the Center, and sends blood donors for the Center's bloodletting projects. The Health Center expressed willingness to be a partner of American Standard in implementing a DOTS-based TB Program.

Company health benefits and services and facilities include:

American Standard disseminated TB information and the importance of treatment compliance as part of its Family Welfare Program. A TB seminar was conducted two years ago, but no follow-up activity was held. The company observed that its health education program was biased towards more prevalent employee health problems. It therefore lacked focus on TB. The communication tool used for TB education also had low impact.

1. ➢ *Annual employee medicine allowance of Php 2,400*
2. ➢ *Current year health care budget of Php 7.6 million*
3. ➢ *Increase in health care budget: 8% average for the last three years*
4. ➢ *Plant-based health clinic*

TB Prevalence and Management

TB cases were detected through chest x-ray and observable symptoms such as sudden weight drop, backaches and chest pains. In 2001, records showed the use of sputum microscopy in case finding. Although it requests sputum tests, the medical personnel see doubtful test results as a problem. The medical personnel suspects incorrect procedures in sputum examination undertaken by the private laboratory.

Cases:	*10 in the last 5 years*
Patients:	*All male, mostly rank & file, married, employed*
Typical Duration of tx:	*Maximum & moderately detected, 6 months (maximum)*
Return-to-work:	*After 2 months & with clearance from company physician*
Medication:	*Quadruple & triple drug*
Cured & Total	

Drug intake is reported when the patient visits the clinic to request for the monthly drug prescription. Some patients or his relative calls the clinic from time to time. While this system was meant to monitor compliance, American Standard's health staffs admit that there is no certainty that the patient takes the medicines.

Medicine expenses are financed through the company's medicine allowance. In excess of this benefit, the expense is charged to the employee through salary deduction.

The clinic does not use standard forms to record TB cases, but patient records are readily available. Cases are notified to the DOLE.

V. Preferred Option: Workplace-Public Referral Model

American Standard formed a Technical Working Group (TWG) for the TIPS-DOTS project consisting of its physician, company nurses, and employee relations manager.

Informed by the findings of the TB Situation Assessment conducted at their workplace and the various inputs provided by PBSP, the TWG analyzed their current practice in TB management against the desired system prescribing the DOTS strategy.

The TWG developed the model described below. The model links American Standard with the Rural Health Unit within its community. It envisions future linkage with BHSs. A strong feature is supervised treatment to be performed by the American Standard clinic staff. The model fits the needs and matches the resources of American Standard.

Case Finding

Applicants for rank-and-file positions with chest x-ray positive results were previously rejected outright. Candidates for managerial and supervisory positions with chest x-ray positive results were advised to undergo diagnostic work-up with their private pulmonologist. Based on the outcome, managerial/supervisory applicants were accepted or declared unfit for work.

American Standard will continue to use chest x-ray as an initial test for applicants and for its annual physical examination. Improving on case finding, the American Standard model will now utilize sputum microscopy as the primary diagnostic tool for tuberculosis.

TB suspects and patients (i.e., employees, household members, applicants) will be referred to the Las Pinas Health Center for sputum examination. The TWG will propose to top management the forging of formal partnership with the Health Center.

1. Case Holding

Pre-employment:

Applicants diagnosed with PTB will be referred to the RHU for treatment.

Employees:

American Standard will open the patient's treatment card.

Direct observation of treatment (DOT) will be performed by the following:

2. The Barangay Health Station (BHS) health staff during the employee-patient's sick leave
3. American Standard nurse during (return-to-work) working days
4. BHS or home (spouse) treatment partner during days-off or holidays.

American Standard clinic will purchase the complete drug supply for the patient. It will endorse the corresponding amount of medicines to the BHS/home treatment partner.

Follow-up tests will be sputum exam.

5. Recording and Reporting

TB patient records are available at the clinic. However, the company does not utilize NTP forms and do not report cases to DOH (or TB registry).

American Standard will now utilize NTP forms and report cases to the TB registry. It will continue to report cases to DOLE.

6. TB Education

The company is ready to include TB education in this year's Education Program. Theater is the preferred form of education/advocacy. American Standard workers' theater group will develop and perform the informative performance on TB. Focus topics may be TB destigmatization, TB 101 (basic TB information), or prevention.

7. Resources

Linkages:

Sputum examination will be referred to the Las Pinas Health Center. The referral system needs to be formalized through a memorandum or letter of commitment.

Financing:

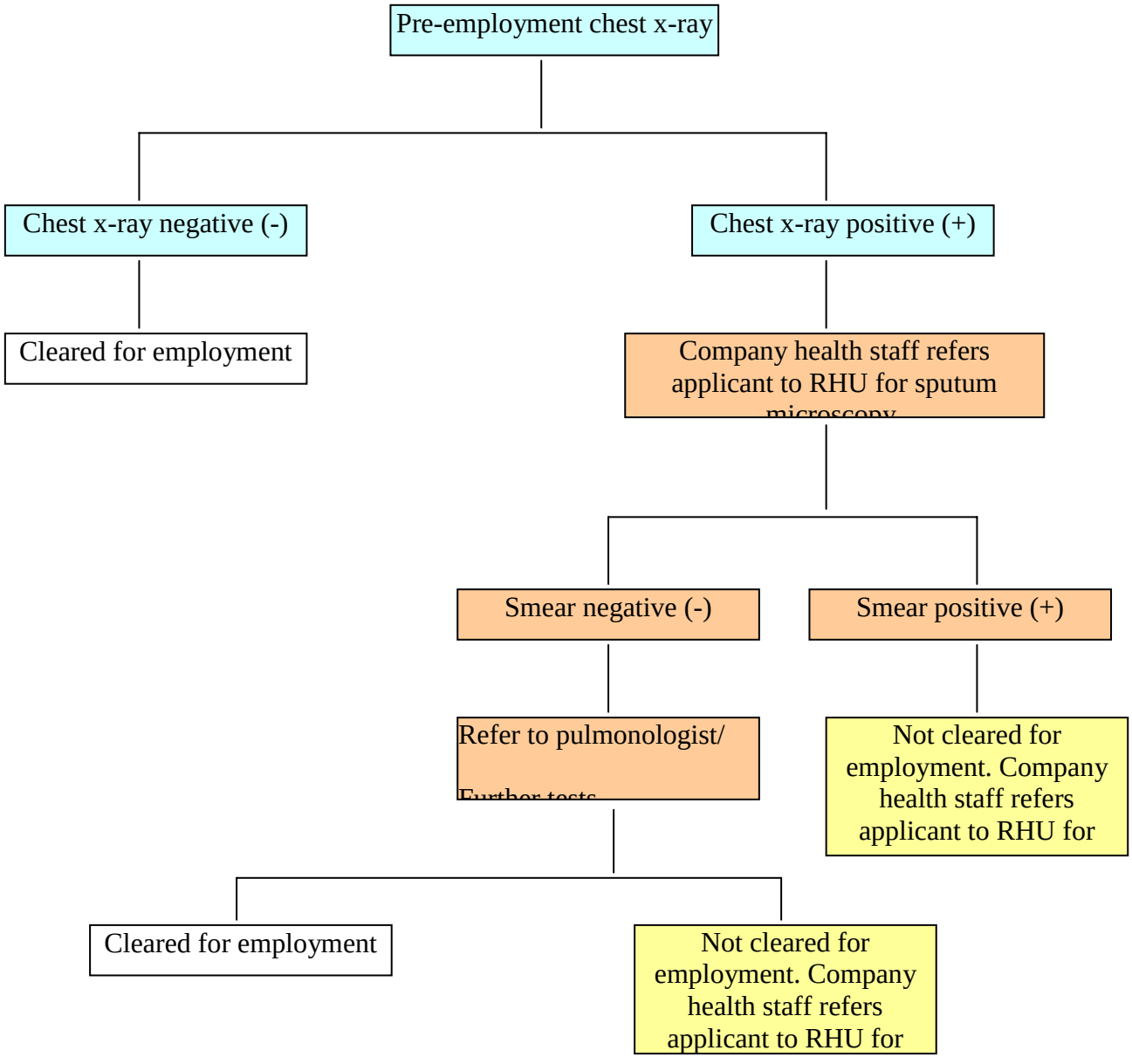
Medicines up to Php2,400 will be provided by the company. The employee will pay the balance through salary deduction.

Drug Procurement:

American Standard will purchase drugs using its credit line with Mercury Drugstore. These will be made available to the BHS and home treatment (on sick leave and days off). The American Standard clinic will keep the rest for supervised treatment in the workplace.

AMERICAN STANDARD DOTS IN THE WORKPLACE MODEL
WORKPLACE-PUBLIC REFERRAL MODEL

PRE-EMPLOYMENT



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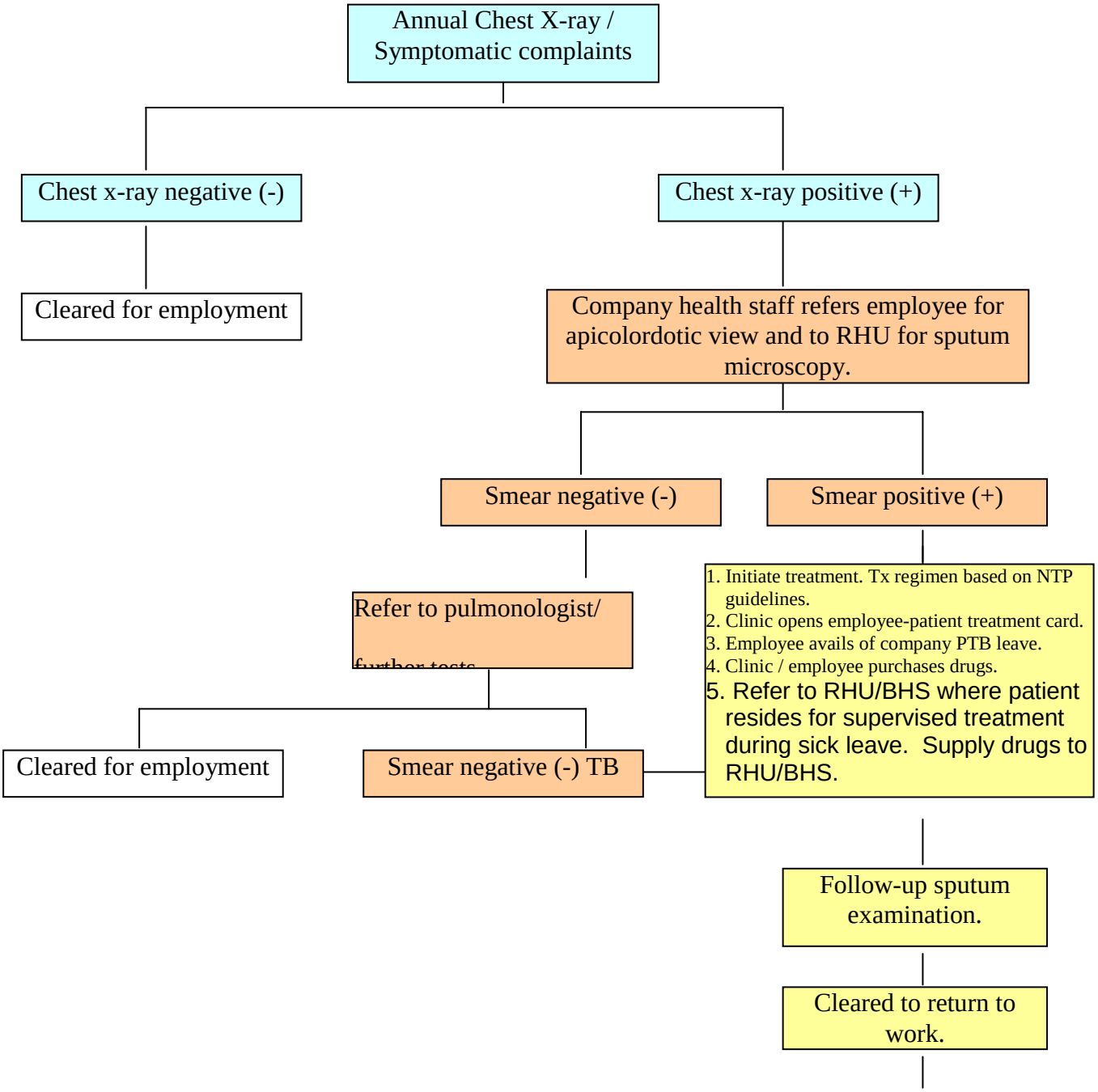
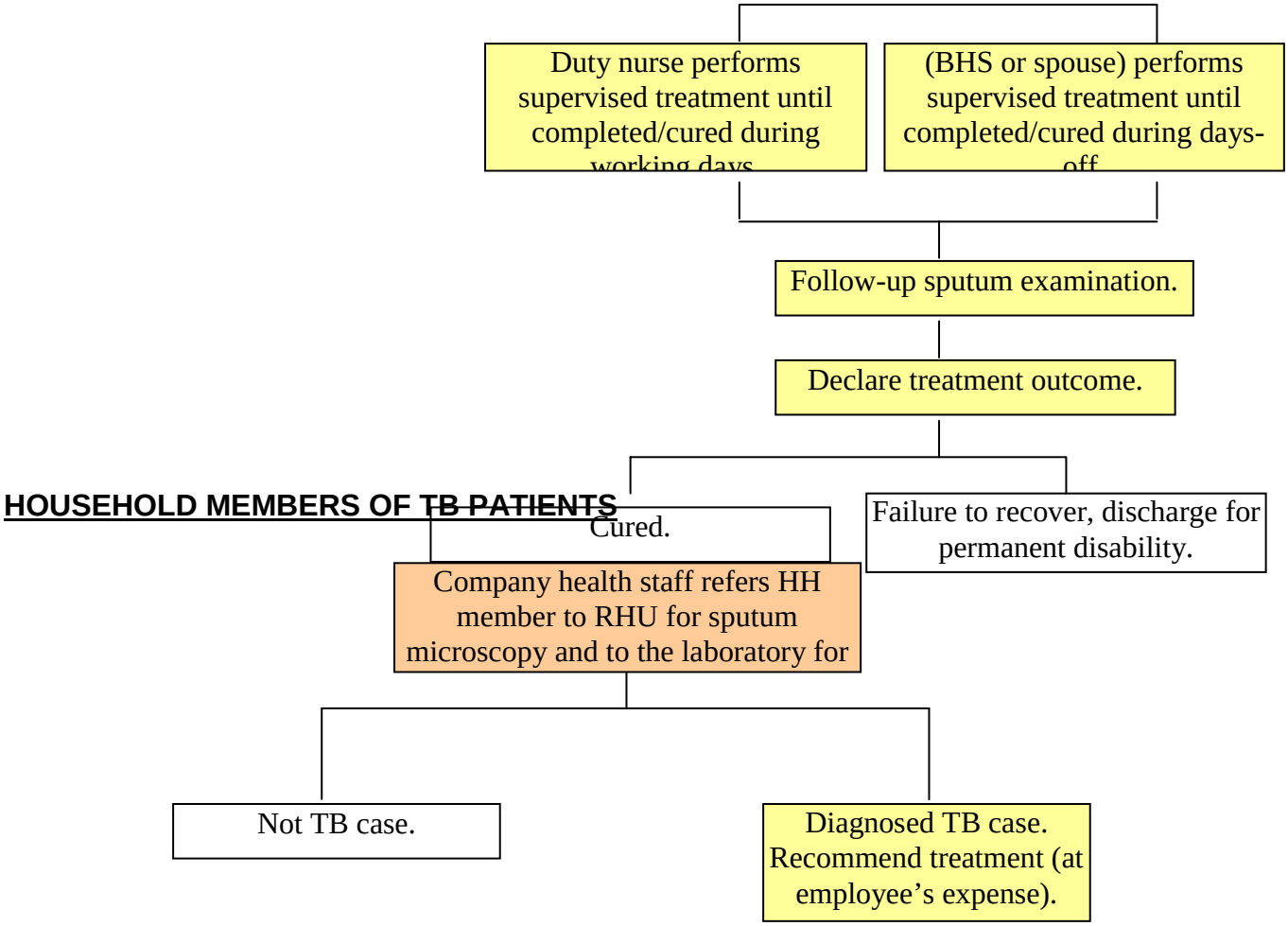



Duty nurse performs supervised treatment until completed/cured during working days
(BHS or spouse) performs supervised treatment until completed/cured during days-off
Follow-up sputum examination.
Declare treatment outcome.
HOUSEHOLD MEMBERS OF TB PATIENTS
Cured.
Failure to recover, discharge for permanent disability.
Company health staff refers HH member to RHU for sputum microscopy and to the laboratory for
Not TB case.
Diagnosed TB case. Recommend treatment (at employee's expense).

C. TOYOTA MOTOR PHILIPPINES, INC.
WORKPLACE-HMO REFERRAL MODEL

Company Profile

Toyota Motor Philippines (TMP) is a car manufacturing company that began its commercial operations in 1989. It has two plants located in Bicutan, Paranaque City and Sta. Rosa, Province of Laguna. As of March 2003, TMP has 1,229 regular and 17 probationary employees.

1. 92% of the team members[4] are within 18-39-age range
2. Predominantly male (87%)
3. 73% are married
4. 67% rank and file, 27% supervisory, and 6% managerial employees
5. ➢ Majority (94%) receive a monthly income of over PhP 10,000
6. ➢ 81% live outside the immediate community of TMP
7. ➢ Other staffs are production line OJTs, office casuals/OJTs, and employees of contracted service providers such as janitors, security guards, canteen staff, and drivers.

VI. Health Policies, Facilities and Resources

TMP is guided by a set of general policies covering health concerns such as consultations, treatment, medication of illness and rest. The only existing specific health policy of the company is an HIV/AIDS workplace policy.

Company health benefits, resources and facilities include:

1. ➢ *Health Care Insurance (Full coverage for employees and 50% coverage for 2 dependents for the past 5 years)*
2. ➢ *Annual Medical Allowance (PhP 3,000 for Rank and File and PhP 4,000 supervisors and managers)*
3. ➢ *Life/Accident/Disability Insurance, Death Benefits/Funeral Expenses, sick leave (15 days/year)*
4. ➢ *Emergency/Vacation Leave, and Loan from Savings & Loan Association, Inc.*
5. ➢ *A "Cafeteria of benefits" – a list of benefits from which Team Members can select the "benefits of choice" for the year*

[4] Team members: Term used to denote a regular employee of TMP

Cases:	*64 suspected TB cases;* *23 confirmed TB cases (2000-2002)*
Type:	*All new*
Cured and	*100%*

TB Prevalence and Management

TMP has no specific policy on Tuberculosis control. Team members showing TB suspicious chest x-ray results during the annual physical examination are referred to the pulmonologist (HMO) for TB diagnosis. The company physician also advises employees to have their household members undergo chest x-ray.

Team members diagnosed with TB are given regimen prescribed by the pulmonologist. A 15-day leave is given, extendable to another 15 days per recommendation of the pulmonologist and company physician. Team member finances the anti-Tb drug using company annual medicine allowance plus own money.

Preferred Option: Workplace-HMO Referral Model

TMP formed a Technical Working Group (TWG) consisting of the company physician, nurse, trainer, and team relation staff. During follow-up visits, TMP human resource supervisor and labor leaders joined the follow-up briefing on the TIPS-DOTS project.

Presently, TMP has signified their interest to pilot DOTS in their workplace. Utilizing existing resources, facilities, and linkages, the TMP TWG opted for the Workplace HMO Referral Model.

1. **Case Finding**

Pre-employment:

During pre-employment, TMP shall require its applicants (for employment, consultants, line and Office OJTs) to submit a medical examination report,

including chest x-ray results. Applicants with suspected TB shall be required to undergo sputum microscopy in their respective Rural/Provincial Health Centers (DOTS Centers). Applicants diagnosed with TB will be disqualified.

Service providers/contractors:

TMP shall require its service providers (Agencies of concessionaire, janitorial, and security services) to provide a medical clearance of all of their employees newly assigned at TMP and in addition, to submit an annual report of the medical examination results of the agency employees working in the company.

Employees of the service provider in TMP showing TB symptoms, as diagnosed by TMP clinic will be referred to the responsible service provider. TMP shall obligate a return to work policy among its service providers to provide a medical clearance for said employee prior to return to work at TMP premises.

Employees:

All team members showing a CXR positive result during the annual physical examination and those showing TB symptoms during medical consultations in the clinic shall be obligated to undergo sputum microscopy in DOTS accredited facility (under their HMO).

2. **Case Holding**

Team members diagnosed with Tuberculosis shall be advised to have their household members undergo sputum microscopy. Dependents shall be diagnosed through the HMO and the other members not covered will be referred to the rural/provincial health clinic for diagnosis and treatment. The extent of support of TMP for the team member dependents is for further discussion.

For treatment compliance, the medical clinic will facilitate the identification of a home and office treatment partner for the infected team member before treatment is initiated. The clinic personnel will orient the patient and the identified home treatment partner with the DOTS strategy through their home visit program. The 3-month leave for the team member shall commence as soon as the DOTS orientation has been conducted.

The clinic shall monitor the treatment by requiring the infected team member to undergo sputum microscopy on the 2nd, 4th, and 6th months of treatment. The HMO will cover this.

The company doctor will decide if the team member is fit to return to work on the 4rd month or have an extend leave up to six months. Return to work of the team member shall require a medical clearance approved by the company doctor.

Reporting and Recording

The company clinic shall identify a TB coordinator who shall oversee the TB workplace program. In addition, s/he will ensure the accomplishment of all recording and reporting systems based on the NTP-CUP forms, procedures, and guidelines.

TB Education

The company has identified the Company Clinic to seat the TB program of TMP and the company doctor as the head of the TMP TB TWG ("Ang TB Kids"). The team shall develop a sustainable education-prevention program for the company, educating all team members, including service providers, consultants, and OJTs.

Resources

Financing:

The cost of the drugs will be financed under the team member's medicine allowance (3,000-4,000) and through salary deduction. The company is presently exploring the possibility of including TB medicine expenses under the "Cafeteria of Benefits[5]", or creating a TB fund whereby TMP shall provide the drug treatment free of charge.

Drug Procurement

[5] Cafeteria of Benefits: List of benefits from which team members can select the "benefit of choice" for the year.

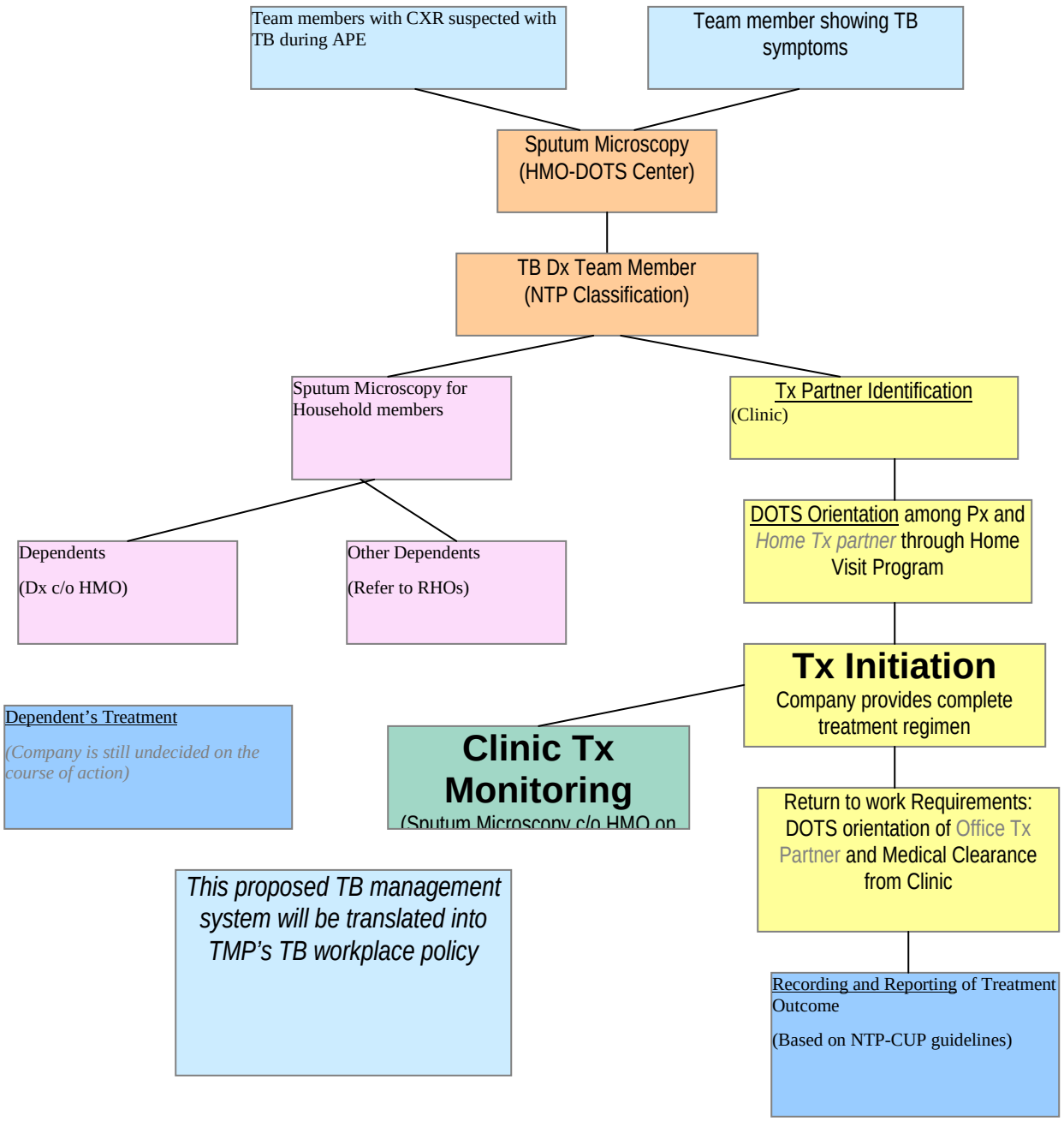
TMP shall readily purchase complete treatment regimen for TB infected team members to be immediately provided to the team member during the DOTS orientation, before treatment initiation.

VII. Company TB Policy

The proposed TMP Model for DOTS in the workplace program for TB prevention and control will be translated into TMP's TB Policy to ensure its effectivity and sustainability.

TOYOTA MOTOR PHILIPPINES DOTS IN THE WORKPLACE MODEL
WORKPLACE HMO REFERRAL MODEL

Part of TMPs pre-employment requirements, applicants must undergo medical examinations, including CXR. Those with suspicious CXR results are required to undergo sputum microscopy at their respective RHOs. Applicants diagnosed with TB are classified not fit to work.



IMPLEMENTING A TB-DOTS PROGRAM COURSE

Training Design

Target Participants: Company doctors, health staff (nurses, medtechs) and HRD staff

Duration: 3 days

Training Objectives:

1. **Knowledge**: At the end the course, the participants are expected to:
   a. Have a deeper knowledge on Tuberculosis
   b. Be updated on TB information such as:
      - TB diagnosis and treatment in compliance with National TB Policy
      - TB prevalence and its emerging effects in the workplace and community
      - Special cases such as latent TB, MDR, etc.

   c. Have a deeper appreciation of TB-DOTS strategy as a case holding mechanism in the workplace (directly observe treatment, diagnosis, referral, etc.)

2. **Skills**: At the end of the course, the participants are expected to demonstrate initial skills on:
   a. Diagnostic classification and regimentation
   b. Monitoring of treatment response
   c. Recording and reporting cases

3. **Attitude**: At the end of the course, the participants are expected to understand and demonstrate attitude change with regard to confidentiality, stigma and TB patient's rights.

Module/Topic	Objectives	Methodology	Expected Output	Duration
Preliminaries 1. Expectation Setting and Presentation of Course Objectives 2. Introduction a. TB in the Philippines b. The TB-TIPS-DOTS Project	To set the context for the technical training on TB and for the inputs on TB management using DOTS strategy	Group dynamics Video/slide presentation	Clarified the course content and its significance to the TB-TIPS-DOTS project Clarified major tasks/roles of the participants to support their DOTS program	.5 hrs
Module 1: TB 101				**1.5 hrs**
- Epidemiology (disease distribution) - Etiology (cause) - **Pathogenesis (how disease develops) Transmission** - Signs/symptoms - Course of the disease - Prevention - History of TB chemotherapy - Special cases (latent, MDR, etc) - Stigma, TB patient's rights	To discuss comprehensively TB facts	Lecture discussion Video presentation Exercises		1.5 hrs.
Module 2: Case Finding				**6.5 hrs**
- Diagnostic tools - Interpretation of results - Advantages/disadvantages - Procedures - Sensitivity/specificity - Diagnostic classification	To establish the participants' understanding of TB case finding tools ad procedures based on NTP and CUP	Lecture discussion Study visit to DOTS Center		1.5 hrs. 5 hrs.

- Performance indicators - Infection control measures	guidelines			
Module 3: Case Holding				**5 hrs.**
- Types of TB patients - Treatment regimen - Action of anti-TB drugs - Side effects of drugs and its management - Monitoring of treatment response - Case Holding mechanism (DOTS strategy) - Registering of cases - Performance indicators - Cohort analysis	To establish participants' understanding of TB case holding/ management using DOTS as mechanism based on the NTP and CUP guidelines	Lecture discussion, case analysis		
Module 4: Recording and Reporting				**5 hrs.**
- Treatment card - ID card - NTP referral - NTP lab request form - NTP lab register - NTP TB register - QR in casefinding - QR in treatment report (cohort analysis)	To introduce the necessary recording and reporting forms and discuss reporting procedure.	Lecture discussion, recording demonstration, reporting flow tracing		
Evaluation and Wrapping-up Closing			Course synthesized and evaluated	.5 hrs.

DOTS Pilot Model Implementation Schedule
for Capability Building and Advocacy

	Activity / Module	Duration	Target Dates
I.	Top Management Orientation Session (CADP, American Standard, TMP)	0.5 day	April 03
II.	Policy formulation, operations planning and monitoring & evaluation workshop	1.5 days	May 2-3, 03
III.	Sputum microscopy	5 days	April 03
IV.	Technical Training ▪ TB as a Disease/TB 101 ▪ Case Finding ▪ Case Holding ▪ Recording and Reporting ▪ Study Visit to Best Practice DOTS Centers	3 days	May 29-31 *(or May 27-29)*
V.	IEC/Advocacy Training	3 days	