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# HARNESSING PUBLIC-PRIVATE PARTNERSHIPS IN TB CONTROL

Philippine Tuberculosis Initiatives for  
the Private Sector (TIPS) Final Report



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The Philippine TIPS project would like to dedicate this report to the Department of Health of the Government of the Republic of the Philippines and the committed staff who made public-private partnerships possible. It was a privilege for the project to assist the private sector in applying the National TB Control Program's policies and standards. The project thanks the Department of Health for its leadership and collaboration.

Philippine TIPS is a project of USAID/Philippines implemented by Chemonics International and partners, CAMRIS International, New Jersey Medical School Global Tuberculosis Institute, the Philippine Business for Social Progress (PBSP), and the Philippine Coalition Against Tuberculosis (PhilCAT). The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.



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**LEFT:** The DOTS strategy focuses on diagnosis of TB through sputum microscopy.

**INSIDE FRONT COVER AND TITLE PAGE:** Students learn state-of-the-art DOTS diagnosis and treatment at the Davao Medical School Foundation.

**FRONT COVER:** A clinic staff member educates TB patients at Canossa Social Health Center.

**BACK COVER:** The De La Salle University clinic decorated its waiting area with behavior change communication mobiles developed as part of the “DOTS and I are Winners” campaign.

PHOTOS © CHEMONICS / BEN FRASER



*TB in the Workplace* partner, Dole Stanfilco, provides services to 11,956 workers in four company sites.

# EXECUTIVE SUMMARY

Tuberculosis — the infectious disease that has caused the greatest suffering for the greatest number of people through human history — is on the rise in much of the developing world despite the existence of a cost-effective cure. According to the World Health Organization (WHO), between 2000 and 2020, nearly one billion people will be newly infected with tuberculosis (TB); 200 million people will become sick from TB; and at least 35 million lives will be lost to TB. In “high burden” countries such as the Philippines, TB is recognized as a public health priority — and the public sector has risen to the challenge in significant ways. But the public sector cannot halt the spread of TB alone: comprehensive TB control requires that the private sector — businesses, academe, medical practitioners, and NGOs — form strategic partnerships to reach Filipinos

where they live and work with accessible TB services.

The Philippine Tuberculosis Initiatives for the Private Sector (TIPS) was designed to help the Philippine government in its groundbreaking efforts to synchronize public and private approaches to TB diagnosis and treatment. Launched by USAID in 2002, the project examined TB service delivery in the private sector, then took on a daunting array of challenges to expand, both strategically and tactically, the role played by the private sector in TB control. A key challenge was convincing private sector providers to adopt DOTS (Directly Observed Therapy, Short-Course), an effective and efficient strategy for diagnosing and treating TB endorsed by WHO and adopted by the Department of Health (DOH) of the Government of the Philippines. At every stage of

**“ In the first year and a half of operations, the PPMD clinics exceeded targets and expectations, diagnosing almost 2,000 TB cases and ensuring that 86 percent of those cases were successfully treated. ”**

implementation, Philippine TIPS worked through and with key stakeholders in the fight against TB, strengthening their respective roles in delivering high-quality, effective DOTS services. At the end of four years, Philippine TIPS leaves a large and growing cadre of change-agents who will continue to expand DOTS services and help the government to extend services to the most vulnerable TB patients, such as children and those with drug resistant TB.

Philippine TIPS had four inter-related and mutually supportive mandates:

1. Create an enabling environment for the private sector to fully engage in TB control.
2. Expand quality DOTS services in the private sector.
3. Build the capacity of private providers to deliver quality DOTS services.
4. Motivate behavior change: both health-seeking behavior of those experiencing symptoms and motivating providers to adopt DOTS.

The first step in *creating an enabling environment for the private sector* was to make sure that everyone had a common understanding of the staggering economic and personal costs of TB in the Philippines. The project commissioned the country's first *Burden of Disease* study, which was followed by the DOH's launch of its Comprehensive and

Unified Policy (CUP) for TB control in the Philippines, and the Philippine Health Insurance Corporation's (PhilHealth) release of its package of TB outpatient benefits.

Philippine TIPS worked with the Department of Labor and Employment (DOLE) on a formal policy to end discrimination against workers suspected of having, or diagnosed with, TB, and to require corporations to sponsor TB programs.

Philippine TIPS took its cue from *Formula One*, the Secretary of Health's flagship health sector policy, and in conjunction with an array of partners, helped Quezon City to mount the first local government "zonal" approach to combating TB. The zonal approach combines public and private financing for TB into an intensified initiative to ramp up TB activities.

Private sector TB service providers will not fully realize their potential unless they can guarantee a high level of quality of care; Philippine TIPS therefore articulated standards for DOTS service certification that have been formally adopted by the DOH and accepted by the Philippine Coalition Against Tuberculosis (PhilCAT). A certified DOTS clinic can become accredited, making it eligible for reimbursements from PhilHealth, the national social health insurance program.

Philippine TIPS identified 22 strategic sites throughout the country to *expand quality TB ser-*



Clinics follow National TB Program guidelines by using sputum samples as an effective tool to diagnose TB and regularly monitor treatment.

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*vices in the private sector* via public-private mix (PPMD) DOTS clinics. The project trained clinic staff in all aspects of DOTS operations, and ensured that clinics were adequately supported by diagnostic committees to help identify smear-negative TB. Close coordination with DOH and local government officials was vital to clinic success, and to creating links to the National TB Control program.

In the first year and a half of operations, the PPMD clinics exceeded targets and expectations, diagnosing almost 2,000 TB cases and ensuring that 86 percent of those cases were successfully treated. The overall contribution of the clinics to the case detection rate in their catchment areas was an average 17 percent. The

case holding accomplishment, previously lacking in many private sector practices, proved that the private sector was capable of offering DOTS services on par with public sector providers.

Philippine TIPS then shifted to working with PPMD clinics on setting targets for cost recovery and income generation. The project conducted cost analyses of three types of clinic structures to help arrive at sliding-scale user fees, and worked with clinics and PhilHealth to improve the reimbursement process for TB claims.

Company-based TB service programs targeted the high number of working-age Filipinos struck by TB. Project partner Philippine Business for Social Progress (PBSP) not only expanded

DOTS services to 23 companies, but also convinced companies to extend benefits to 207,600 family members and 55,000 informal workers and individuals in surrounding communities, resulting in higher case detection.

Philippine TIPS worked with several key partners to *build the capacity of private providers to deliver quality TB services*. DOTS education and training modules were revamped to meet the special needs of the private sector. In addition to private physicians, the project reached out to medical and allied health schools, and to professional societies and medical associations to integrate DOTS training into standard and continuing education programs. Over the life of the project, the training efforts of Philippine TIPS and its partners reached almost 5,000 healthcare providers, students, teachers, allied health professionals, and other stakeholders. Engaging professional societies in training and advocating for DOTS greatly multiplied the number of providers referring to DOTS facilities or adopting DOTS in their own practices.

To help generate demand for private DOTS clinic services, Philippine TIPS worked to *motivate health-seeking behavior* among those experiencing the symptoms of TB. To generate demand for private clinic services, the project launched the “*DOTS and I are Winners*” social marketing campaign in the final year of the project. Targeting the insured population and those capable of paying user fees, the campaign’s objective was to both increase case detection and contribute

to clinic financial sustainability. Included in the campaign were a unique clinic branding initiative to emphasize the quality of care offered, and an initiative to train allied health workers to refer to DOTS clinics. Early results from *DOTS and I are Winners* were encouraging: clinics reported an increase in patients from 20 to 100 percent, as well as an increased proportion of insured patients and those capable of paying user fees.

Together with pharmacies, professional associations, and local government, the project implemented the Pharmacy DOTS Initiative to raise pharmacy staff awareness of DOTS and the dangers of self-medicating. The initiative transformed 509 participating pharmacies into reliable sources of TB information and referral, and reduced the sale of TB drugs without a prescription.

To influence the treatment behaviors of private providers, the project developed evidence-based behavior change communication materials, including many electronic-format materials and a kit patterned after those used by pharmaceutical companies. The project also reached physicians through a variety of medical conventions, seminars, and special events.

Many approaches worthy of consideration and replication by other TB programs emerged from the project’s efforts. Some 20 approaches and best practices — covering topics such as improving PPMD clinic operations and creating demand for DOTS services — have been



**Fixed dose combination tablets greatly reduce the number of tablets a patient needs to take, while avoiding harmful monotherapy.**

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written to inform and hopefully benefit the broader TB control audience. These case studies emphasize the importance of local partners — governmental and nongovernmental — in the success of Philippine TIPS.

During the Philippine TIPS project lifetime, the National TB Program led the country to reach its target of a 70 percent case detection rate and 85 percent treatment success rate. Great progress has been made and a strong foundation built for reaching the Millennium Development Goals of reducing TB morbidity and mortality by 50 percent. The comprehensive approach taken by Philippine TIPS and its partners have facilitated both an enabling environment for TB control among an expanded set of providers, and the provision of more sustainable, higher quality TB services in the private health sector. Service providers who intend to continue to serve TB patients —

19 project-assisted clinics and 23 worksites — will continue to be living examples of good TB practice, and a majority of these clinics are expanding case finding to reach more persons with TB each year.

High-burden countries such as the Philippines must continue to ramp up efforts to control TB, striving for earlier detection and complete treatment. The biggest challenge for government, private sector partners, and donors is not to become complacent with attaining intermediate targets, such as the 70 percent case detection rate. Sustained political will among all parties is essential to meet the country's Millennium Development Goals. It is encouraging that the private sector is no longer a mere observer of progress, but an indispensable partner in national TB control — a partner whose full potential can be realized in the coming years.



Private sector physician gives patient chest examination as part of DOTSTB diagnosis.

## CHAPTER ONE

# THE MISSING LINK

Worldwide, between 2000 and 2020 nearly one billion people will be newly infected with tuberculosis (TB); 200 million people will become sick from TB; and at least 35 million lives will be lost to TB.

In 2002, at the outset of the Philippine TIPS project, the Philippines was ranked seventh highest among all countries for burden of TB disease. At that time, the estimated number of deaths due to TB in the country was 28,000 annually, or 75 people per day. This means that one out every 10 registered adult deaths in the Philippines was attributable to TB. Similar to other countries, TB in the Philippines afflicts the most economically productive segment of the population; over and above its cost in human lives, TB affects the national economy, and contributes to a vicious cycle of poverty and disease.

Despite high levels of morbidity and mortality, many of those who were experiencing the symptoms of TB in the Philippines did not seek treatment. The national TB prevalence survey in 1997 found that only 49 percent of those experiencing TB symptoms sought medical services. Of those who did take action, approximately half self-medicated — endangering their own health, increasing the likelihood of infecting others, and risking developing resistance to anti-TB drugs. Of those who consulted medical services, private providers were most frequently visited. In another survey in a municipality of Metro Manila (Auer et al, 2000), more than half of those with infectious TB initially consulted a private provider.

These private sector healthcare providers in the Philippines were lagging behind the public sector in adopting an effective and efficient strategy for diagnosing and treating TB, called the

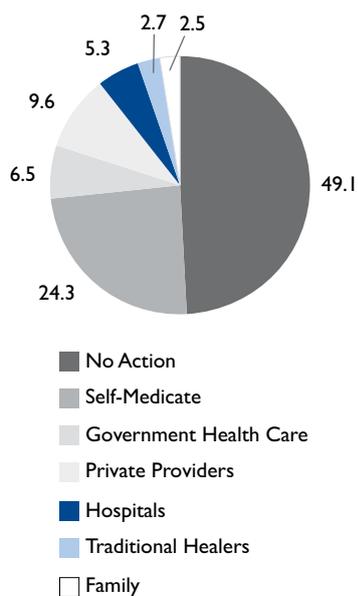


Medical technician prepares slides for microscope analysis of sputum samples.

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### HEALTH-SEEKING BEHAVIOR AMONG FILIPINO TB SYMPTOMATICS

(1997 National TB Prevalence Survey)



DOTS strategy. By 2001, the DOH’s National TB Program had met the challenge of expanding DOTS services to all of its frontline service delivery points. But the private sector — where most Filipino TB “symptomatics” go to seek care — was still inappropriately diagnosing and treating TB, relying on chest x-rays for diagnosis and prescribing more than 80 different treatment regimens (Romulo et al, 2002).

Private sector health facilities — which include tens of thousands of solo medical practitioners and more than 1,000 hospitals of varying sizes — were clearly a missing link in the effort to reduce the burden of TB disease in the country. In spite of variable quality of care, the community perceived private practitioners as a trusted source of healthcare, therefore the

private sector was an untapped resource in case detection. In addition, if private providers could be convinced to change their behaviors and adopt DOTS, the private sector could share in service delivery with the public sector and ease the workload of frontline public health workers.

In 1994, the DOH helped to found PhilCAT, which, 12 years later, has become a 67-member organization that focuses on private sector collaboration in National TB Program goals. During an address to the PhilCAT convention in August 2002, Secretary of Health Manuel Dayrit announced that several initiatives would soon be in place to mainstream the private sector into TB control. He boldly predicted that the end of TB as a major public health

problem in the Philippines could be achieved within a decade. The first crucial step would be to reach the WHO's global targets of a 70 percent case detection rate and an 85 percent treatment success rate for sputum-positive TB cases — targets he thought could be reached by 2005.

Dedicated to contributing to the government's efforts to improve the health of Filipinos, USAID responded to the challenge of variable quality TB treatment in the private sector by sponsoring the Philippine TIPS project in September 2002. Philippine TIPS was designed to:

- Support policy initiatives and financing mechanisms to motivate the private sector to engage in proper TB diagnosis and treatment
- Develop, test, and implement private sector DOTS service delivery models
- Build the capacity of providers to offer DOTS services
- Improve health-providing behaviors of healthcare workers and health-seeking behaviors of the general public

The focus on policy, finance, and supply of services was designed to engage the private sector in the DOTS strategy — with a target of 50 percent of physicians in project sites engaged in DOTS — and help private practitioners achieve an 85 percent treatment success rate in targeted sites. In addition to

the private sector, Philippine TIPS worked closely with the many public sector entities that have specific roles to play in TB control — primarily the DOH, which oversees the National TB Program and is charged with setting and attaining national targets for TB. Other key partners included the Department of Labor and Employment (DOLE), which regulates workplace health issues; and PhilHealth, which manages the social health insurance program that also provides reimbursements for public and private TB care.

Philippine TIPS faced daunting challenges. A high-quality TB clinic that could achieve the WHO treatment target might take two to three years to set up; how much more difficult would it be to set up DOTS TB services in various parts of the country among private practitioners who had individualized strategies to treat TB? Would the private sector really respond to Philippine TIPS when many if not most people thought TB had been eradicated in the last century? Moreover, USAID wanted to ensure that private sector TB services would make a *sustainable* contribution to the National TB Control Program; in other words, ensure that services would continue beyond the Philippine TIPS project lifetime of three to four years.

To begin, Philippine TIPS determined that a stark assessment of the effect of TB on the Philippine economy and on individual well-being was needed to capture a true picture of the burden of disease.



At the outset of treatment, clinic staff members ensure that the full course of treatment is reserved for each patient.

## CHAPTER TWO

# TB AND THE POLICY ENVIRONMENT

### TURNING THE SPOTLIGHT ON TB

No “burden of disease” study had ever been undertaken in the Philippines to calculate the costs of TB, or of any other disease. Yet five months after project mobilization, Philippine TIPS was ready to release the results of a TB study that would awaken decision makers and the general public to the staggering impact of TB in the Philippines, and put TB under the national health spotlight. The *Burden of Disease* study was eye-opening for its precise measures of TB’s enormous economic costs: a staggering eight billion Philippine pesos (\$145 million) per year due to TB illness or morbidity alone. The aggregate future income loss due to premature TB deaths was estimated at 27 billion Philippine pesos (\$490 million). In contrast, the cost to treat all previously untreated cases was estimated at less than half a billion pesos. The study showed that spending for TB control is well

justified as an investment in human health, human capital, and economic development.

The calculations of economic cost were complemented by a comprehensive review of policies governing private sector involvement in health care, both as a partner in national TB control and as an independent provider of TB services. The policy review identified gaps and barriers to private participation in DOTS, and recommended measures to address the most important issues and concerns. The review confirmed that there were no explicit policies governing private sector involvement in TB control, with the exception of generic licensing and accreditation policies regulating the practice of medicine and filing of insurance claims.

The data generated by the *Burden of Disease* study were strategically disseminated through mass

## BURDEN OF TB FACTS

- In 2000, TB killed an estimated 51,000 Filipinos, based on prevalence data
- Over half a million years of healthy life is lost due to illness and premature death from TB in the Philippines annually
- TB robbed an average worker of 216 pesos per day for women and 451 pesos per day for men
- The loss in wages due to morbidity was 7.9 billion pesos (1997)
- Foregone income due to premature deaths was 27 billion pesos (1997)

media and other formal and informal communication channels, bringing TB into the national spotlight and to the attention of the highest policy making body. Press coverage of the study included a widely distributed wire report by *Agence France Presse*, two major editorials and an editorial cartoon, segments in TV news programs, news articles in leading English-language papers, as well as references by popular opinion columnists and several news Web sites. The attention of policy makers was drawn to TB, in part contributing to two key policy measures: approval of the PhilHealth outpatient TB benefit package; and an executive order to formulate a comprehensive and unified policy for TB control in the Philippines.

The project's strategic relationship with the news media resulted in a five-fold increase in media coverage of TB during the first year of the project<sup>1</sup> that continued throughout the project life. The disease was a front page headline in a popular daily newspaper on two occasions, and was the subject of a newspaper comic strip. TB was featured in several specialty magazines, including the Philippine edition of *Good Housekeeping*, and generated interest from television and radio. Philippine TIPS arranged interviews of TB specialists on popular public service television

programs and on news channels. TB media coverage of special note included a 20-minute segment on ANC, the number one cable news channel in the country; and a feature on "The Probe Team," an award-winning television program specializing in investigative reporting.

## INFLUENTIAL ENDORSEMENTS

With TB firmly in the national spotlight, Philippine TIPS proceeded to enlist key decision makers and influential entities in the private sector to embrace and promote DOTS as the standard in TB diagnosis and treatment. Formal agreements with six professional medical societies and business groups were signed to promote the DOTS protocol as the "gold standard" in TB case management, and to generate support for a TB workplace policy that would make DOTS available to employees and eliminate discrimination against TB-infected employees and prospective applicants. These six professional societies were: the Philippine College of Physicians (PCP); Philippine College of Chest Physicians (PCCP); Philippine Society of Microbiology and Infectious Diseases (PSMID); Philippine Pediatrics Society (PPS); Philippine College of Occupational Medicine (PCOM); and Philippine Academy of Family Physicians (PAFP).

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1 "Final Report Phase II Mass Media Content Analysis – Project Verbatim: A Research Program for Philippine Tuberculosis Initiatives for the Private Sector (Philippine TIPS) Integrated Communications Strategy." Philippine Tuberculosis Initiatives for the Private Sector, with technical assistance from AC Nielsen (Philippines). 16 July 2004.



**An enabling environment provides the foundation for future scale-up of private sector TB activities.**

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### **A STEADY DRUG SUPPLY**

With influential endorsements in hand, it was important to ensure a reliable supply of affordable TB medication to meet the projected increase in private sector demand. At the outset of the project, the DOH had a sufficient stock of TB drugs to meet both public sector and PPMD needs. The DOH therefore supplied free drugs to PPMDs in return for following recording and reporting protocols. An additional grant from the Global Fund allowed the DOH to renew this arrangement from 2004 through 2006. With the availability of free drugs, the demand for an alternative private sector drug supply mechanism did not yet exist.

Nevertheless, the project began to examine the existing drug supply. A study of the feasibility of a private sector drug facility showed that if PPMDs increased detection rates for smear positive cases beyond 70 percent, and if the TB Diagnostic Committees also increased detection of smear negative TB, surplus private sector demand would be created by 2005-2006. The DOH announced in March 2006 that the Philippines had achieved a case detection rate of 71 percent in 2005; given funding at the time, the public sector had resources to supply the private sector with drugs through the end of 2007.



Edgar, a patient at Dole-Stanflico, laughs with his treatment partner (not shown) during directly observed therapy.

The study then explored the existing market and alternative sources of anti-TB drugs for PPMD clinics. TB medicines are available in the robust Filipino commercial market, yet the cost is prohibitive and not all medicines are consistent with the DOTS regimen. TB drugs are the 13th top-selling therapeutic category, selling P1.14 billion annually, and comprising 2 percent of the pharmaceutical market. The Stop TB Partnership has established a Global Drug Facility (GDF) to provide quality-assured anti-TB drugs to countries at affordable prices. Commercial sector medicines are far more expensive than those available from the GDF: one course of treatment in the pharmaceutical sector costs P17,600, compared with P550 for GDF-procured medicines.

A second phase of the project's private drug facility study focused on a stronger role for government agencies like the Philippine International Trading Corporation, which could make affordable GDF-approved TB drugs available to the private pharmaceutical market. Local governments and local drugstores could serve as the final stop in the supply chain of affordable drugs to the private providers of DOTS services. The private drug facility study offers a viable alternative to meet upcoming PPMD demand for anti-TB drugs.

### **A UNIFIED POLICY APPROACH**

The Philippine government recognized that the TB policies of several different public entities and a variety of private sector organizations would have

to be synchronized to support wider private participation in TB control. The project helped the DOH and other partners to organize a task force to create a comprehensive TB policy for all sectors. Philippine TIPS held several workshops to help the different stakeholders formulate a roadmap to TB control in the Philippines: the *Comprehensive and Unified Policy (CUP 2004) for TB Control in the Philippines*. The unified policy puts forward a coherent set of policies that prescribe DOTS case management protocols and promote adherence by aligning social security, labor regulations, and social insurance policies with those of the NTP. The DOH and PhilCAT published and disseminated CUP 2004 to stakeholders, with help from the project.

A formal workplace TB policy was needed to end discrimination against job applicants suspected of having — or diagnosed with — TB, as well as to promote DOTS services as an employment benefit and secure recognition of TB treatment as a corporate social responsibility. The Occupational Safety and Health Center of the Philippine DOLE (OSHC-DOLE) formulated such a workplace policy, supported by Philippine TIPS in partnership with the PBSP, Employers' Confederation of the Philippines (ECOP), and PCOM. On March 30, 2005, a Department Order, *Guidelines for the Implementation of Policy and Program on Tuberculosis Prevention and Control in the Workplace*, was signed. Philippine TIPS helped OSHC-DOLE to put

the policy into formal effect by publishing the order in a national newspaper on July 17, 2005. This policy created the potential for monumental impact in three areas: to pave the way for further expansion of workplace TB programs, to lower stigma and discrimination against those with TB, and to help to break the vicious cycle of poverty and disease by ending employment discrimination.

Philippine TIPS commissioned a national *TB Policy and Financing Framework* to combine public and private efforts and resources in a coherent strategy to control TB by first achieving effective local disease control in identified priority areas. The framework suggested that the elements of the TB control program that are naturally public goods — such as surveillance, public education, and quality assurance — are to be financed from government allocations or borrowing. Those TB control elements that are private in nature — such as diagnosis and treatment — are to be financed from a combination of sources, most significantly by health insurance, with supplemental financing from user fees, corporate contributions, and donations.

Through the lens of the *TB Policy and Financing Framework*, Philippine TIPS examined national TB policy to identify gaps and recommend improvements. Together with the USAID-funded Local Enhancement

and Development (LEAD) for Health project, Philippine TIPS organized roundtable policy discussions, culminating in a *TB Policy Forum*. At the forum, the DOH articulated support for an intensified TB control strategy through a zonal approach implemented by key local government units (LGUs).

The *TB Policy Forum* was followed by high- and mid-level policy dialogs with the DOH and partner institutions leading to the adoption of the *Zonal Approach Policy for TB Control (ZAP-TB)*, which is currently being instituted as part of the Secretary of Health's flagship program, *Formula One*. Discussions were held at the DOH policy and program level to develop guidelines for implementing the zonal approach to TB control in two priority sites. ZAP-TB will expand to all 16 *Formula One* sites, and will be implemented nationwide within the next three years.

In January 2006, Philippine TIPS policy efforts culminated in the formal launch of a local initiative called *Sagip Baga: A Program to Stop TB in Quezon City* by the Mayor of Quezon City. *Sagip Baga*, a pilot of the ZAP-TB approach, was initiated as a local government program that brings together public and private organizations in a city-wide campaign to fight TB. Its ultimate goal: to eliminate TB as a public health problem in Quezon City by focusing on

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2 Translated as "Saving Lungs."



A family registers with the Canossa Social Health Center's clinic in Tondo, Metro Manila.

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three strategic and integrated actions: effective surveillance and intensified case finding in high-risk communities; public education that leads all TB cases to a DOTS center; and effective case management and complete treatment of all cases.

Philippine TIPS also facilitated partner mobilization and development activities in support of *Sagip Baga*. A few of the many partners are the Quezon City Health Department, the

Lung Center of the Philippines, PhilHealth, PhilCAT, the Quezon City Barangay Operations Center, a host of private organizations, and groups that include medical and allied medical organizations, faith-based and civic organizations, schools, business establishments, hospitals, and diagnostic centers, among others.<sup>3</sup>

### **CERTIFICATION AND ACCREDITATION**

An enabling environment included clearly outlining standards for

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<sup>3</sup> Support for Sagip Baga-Quezon City was also provided by the DOH, the Center for Health Development, PhilCAT, JICA and USAID's LEAD for Health project.

private sector TB care and supporting the creation of a credible process for certifying adherence to those standards by private providers. The public wants to be assured they are receiving high quality care, and health insurers want to reimburse expenses for proper treatment protocols under standard conditions. In fact, when the Philippine Health Insurance Corporation approved its TB DOTS outpatient benefits package in 2003, it asked PhilCAT to devise a way to certify standards of care so that TB service providers in both the private and the public sectors could be accredited by PhilHealth for DOTS cost reimbursement.

The project committed its resources to helping PhilCAT standardize DOTS certification, a groundbreaking initiative unique in the global TB community in the way it addresses quality of care challenges and lays the groundwork for reimbursements for insured patients. In addition to ensuring a uniform quality of DOTS services among private and public sector providers, certification provided an incentive to thousands of private physicians to undergo project-developed *Basic DOTS Training*, as well as *Training of Trainers* and *TB Diagnostic Committee Training*.

Pilot tested as a simplified set of standards following the PhilHealth *Benchbook*, the final certification guidelines offer both facility-based

standards and embedded quality standards to assure the public that the private DOTS centers are capable of providing quality services. The project delivered targeted training in project sites, collaborated with the Global Fund in additional sites, and throughout the TB community through conventions of medical societies such as PCP, PSMID, PCCP, and PCOM. As a result, hundreds of referring and “DOTS-engaged” physicians (those actively involved in TB treatment) have been deployed throughout the country.

In February 2003, a Memorandum of Understanding was signed between PhilCAT and PhilHealth assigning PhilCAT the role of official certification group. The Secretary of Health institutionalized DOTS certification with Department Order 45, series of 2004, authorizing the National Coordinating Committee for PPMD — composed of DOH and PhilCAT — to oversee certification, assisted by a network of Regional Coordinating Committees for PPMD.

Public awareness, influential endorsements, financing mechanisms, coherent policy, and uniform standards: the groundwork was in place for Philippine TIPS and its partners to help the private sector assume a larger role in quality DOTS services at the local level, and to expand its contribution to TB control and prevention at the national level.



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Dr. Gene Alvarez looks on as Eva Yamson, senior treatment coordinator and nurse at the People's Adoption to Total Health Sufficiency (PATHS) DOTS Clinic, counsels TB patients.



A TB patient consults a physician at one of the Public-Private Mix DOTS clinics assisted by the project.

## CHAPTER THREE

# MORE AND BETTER DOTS CLINICS

### INTRODUCING SERVICE MODELS

The University of Santo Tomas Hospital pioneered private participation in DOTS when, in 1995, it was the first to organize DOTS services in its outpatient clinic. In order to jumpstart further private sector participation, the U.S. Centers for Disease Control and Prevention (CDC) approved a grant application from PhilCAT to organize DOTS clinics under different clinical settings in 2002. Philippine TIPS focused on four clinic models created through this CDC grant to PhilCAT: a private hospital-based model (the Manila Doctors TB DOTS clinic); a corporate social responsibility model (the United Laboratories Incorporated DOTS clinic); a health maintenance organization model (the PhilamCare PPMD clinic); and a local coalition-provincial hospital model (De La Salle University PPMD center). In

addition to the CDC/PhilCAT models, the project studied a multi-specialty and NGO-managed model (FriendlyCare).

The project team used situation analysis as the tool to define the essential elements of DOTS service provision in the private context: they conducted interviews with providers and clients; examined clinic records, reporting systems, facilities and equipment; and observed patient-provider interactions to develop both a baseline and measures for improved service. Proposed enhancements focused on the NTP clinic guidelines and PhilCAT's quality assurance standards: adequacy of client follow-up to enhance case holding, role specification for clinic personnel, adequate sputum collection areas, integrated educational communications materials on TB, sustainability mechanisms, and access to accredited laboratories for TB



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



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

## SUCCESS STORY

# Looking Forward to the Days Ahead

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

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

A neighbor urged him to go to the Palawan Coalition Against Tuberculosis (PALCAT) DOTS Clinic in Puerto Princesa. PALCAT is one of 20 private clinics supported by the U.S. Agency for International Development through the Philippine TIPS project. These clinics make quality DOTS treatment more accessible to TB patients like Jimmy. DOTS means "Directly Observed Treatment, Short-course," a proven, cost-effective TB treatment strategy promoted by the Department of Health and the World Health Organization.

Going to the PALCAT DOTS clinic has made all the difference to Jimmy. At the clinic, trained health workers took a sample of Jimmy's sputum and had a trained microscopist examine it for mycobacterium tuberculosis. Found positive for pulmonary TB, the clinic immediately put him under DOTS treatment.

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

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

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

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

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

diagnosis. The project's goal was to incorporate the results and findings of situation analyses in 25 new DOTS service delivery points; in the end, the project developed assistance packages for 30 new service delivery points: 20 PPMD clinics and 10 DOTS workplace programs throughout the country (an additional 13 workplace referral sites were also developed).

Situation analyses conducted by Philippine TIPS proved very useful, not just for detailing service delivery improvements at clinics, but as a major source of input into educational material for service providers and patients. These materials were expanded in a major initiative to teach pharmacy workers about TB diagnosis and treatment, information they could relate to customers seeking to self-medicate (the Pharmacy DOTS Initiative: see page 12). Another important activity that stemmed from situation analysis was the *Framework for Replicating PPMD Clinics*, a manual developed in close collaboration with a key Philippine TIPS consortium member: the New Jersey Medical School's Global Tuberculosis Institute. The *Framework* was used to plan assistance to 20 additional DOTS clinics and 23 workplace programs throughout the country.

### **SINGLE PRACTICE NETWORK**

To address the varied treatment practices of the large number of private physicians in solo practice, the project explored a Single Practice Network model. The model was designed to enable single

practice physicians to offer their patients services from a network of providers offering complementary DOTS services such as reporting, microscopy, and directly observed treatment. A manual of operations, along with self-instruction modules, was developed for network providers, pharmaceutical companies, cooperatives, health maintenance organizations (HMOs), and laboratories. These tools were shared with three HMOs that provide health services to the Department of Education (DepEd), and a number of school physicians linked with a DOTS clinic. The initiative resulted in a consensus between the three HMOs and the DepEd to use DOTS for treatment of all covered DepEd employees.

### **TWENTY HIGH-QUALITY PPMD CLINICS**

Philippine TIPS identified 22 potential sites in key cities based on selection criteria including TB prevalence, population size, and the presence of a DOTS "champion," or strong spokesperson. Baseline measures of provider services were established by a project-sponsored study done by the University of the Philippines School of Economics Foundation in 2004: the *National Knowledge, Attitude, and Practice* (KAP) study of private TB treatment.

Once the potential sites were identified, the project mobilized a wide array of stakeholders in support of DOTS. Collaboration with medical societies and coalitions of TB doctors, allied health professionals, and other stakeholders on the national and local levels allowed the project to access a wider audience and



Clinic staff keep detailed records of patient adherence to treatment at the University Sto. Tomas DOTS Clinic.

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gain greater acceptability within the community. Pharmaceutical companies helped Philippine TIPS to “network” among physicians and other stakeholders, ensuring their attendance at preliminary workshops and organizational meetings.

Philippine TIPS sponsored grants to help private organizations defray the costs of setting up a DOTS clinic and offering TB treatment in accordance with NTP standards. An initial announcement of the grants program was made through a “roadshow” in all 22 potential sites, during which the project distributed the *Handbook for Grant Applicants and Recipients*

and other materials for potential grantees. To complement these efforts, orientations were also conducted on the new PhilHealth TB benefits package and providers were offered an opportunity to become DOTS-certified through a *Basic DOTS Training for Referring Physicians*.

Forty-five health organizations participated in nine proposal workshops, and 25 grant applications were received and evaluated. The selection process was conducted in two stages: screening for compliance with eligibility requirements; and technical evaluation by the selection committee based on pre-established criteria specified in the request

for applications. Twenty proposals from 17 sites were ultimately chosen for award — 11 in Luzon, five in the Visayas, and four in Mindanao — representing hospital-based, coalition-initiated, multi-specialty clinic, health maintenance organization based, and stand-alone clinic models.

Coordinating Committees (RCCs) in 12 sites and worked with the RCCs organized by the Global Fund project in the remaining sites. RCCs linked the clinics to standard activities and procedures of the NTP such as monitoring and evaluation visits, external quality assessment

### ACCOMPLISHMENTS OF 20 PPMD CLINICS (July 2004 – June 2005 Cohorts)

Results	Number of people
Population in catchment areas	2,959,099
TB symptomatics evaluated	8,747
TB patients diagnosed	2,420
New smear-positive cases	1,230

Philippine TIPS oriented clinic staff on NTP policies and standards through a three-day workshop, followed by *Basic Direct Sputum Smear Microscopy* training at the National TB Reference Laboratory for medical technologists. This enabled the clinic to offer quality acid fast bacilli (AFB) smears and to participate in the government's quality assurance system. In addition to microscopy training, TB Diagnostic Committee (TBDC) training helped each site to establish a committee to diagnose smear-negative cases, typically treated by private practitioners.

Although Philippine TIPS' primary focus was the private sector, close coordination with the DOH and counterparts at the regional, provincial, and city levels, and with representatives of the local government unit (LGU), was vital in guaranteeing that clinic operations continued. The project supported Regional

for microscopy slide validation, facility accreditation and certification, inter-PPMD meetings and program reviews, and an uninterrupted supply of free anti-TB drugs and laboratory reagents supplied by the public sector.

The results of the assistance to the DOTS clinics exceeded project targets and expectations. The 20 clinics covered a population of 2,959,099. By December 2005, a total of 6,297 symptomatics were seen by the clinics, and three sputum specimens had been collected from 91 percent of these. The clinics enrolled 1,922 patients of whom 52 percent were new smear-positive cases, 33 percent were new smear-negative cases, 9 percent were re-treatment smear-positive, 4 percent re-treatment smear-negative, and 2 percent extra-pulmonary. Overall, the proportion of smear-positive cases was 53 percent of total pulmonary TB cases.



**Sister Felisa Magpatay administers the DOTS clinic at the Canossa Social Health Center.**

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### **IMPACT OF 20 PPMD CLINICS (July 2004 – March 2006 Cohorts)**

Indicator	Percent
Additional percentage points contributed to case detection rate (CDR) in catchment areas	17%
Treatment success rate	86%

\* CDR additionality is a rough estimate, loosely extrapolated from national prevalence data.

Of the 704 certified DOTS referring physicians trained by the project PPMDs, 67 percent referred patients, and these accounted for nearly half of the total number of patients seen by the clinics. The other patients were walk-ins (24 percent), public health unit referrals (4 percent), Pharmacy DOTS Initiative referrals (1.5 percent), and referrals from treatment partners, prisons, and others (15 percent). The overall contribution of the clinics to the case detection rate was 17 percent within the entire population catchment area.

However, the most impressive success in clinic operations was

the achievement of the overall treatment success rate of 86 percent in the first year of the grants program — the target was 85 percent, something that was seen as very ambitious for the private sector within the Filipino TB community.

### **GENERATING INCOME FOR PPMD CLINICS**

The first round of grants, described above, focused on establishing new PPMD clinics with high standards of DOTS service. A second round of grants was designed to focus clinic attention on organizational and financial sustainability. Performance requirements

for second-round grants were tailored to match the varying levels of maturity among clinics, but the goal was to recover 20 percent of the cost of operating a DOTS clinic, estimated at 500,000 Philippine pesos per year. Grantees were tasked with engaging in social marketing and community outreach activities to attract paying clients and PhilHealth members, and designing creative strategies to sponsor indigent patients.

The majority of clinics anticipated substantial reimbursements from PhilHealth, but the new outpatient TB benefits package systems were new, causing delays in paying claims in the pioneering clinics. The project worked with PhilHealth to identify blockages, and with clinics to ensure reimbursement claims are accurately filed. By project close, PhilHealth reimbursements were beginning to flow to many clinics.

Philippine TIPS helped to increase the rate of referrals of TB symptoms from private physicians by introducing a scoring system that doctors could use to determine whether to send a patient to a DOTS clinic. The scoring system was further strengthened by the project's *Academic Detailing Kit* that provides TB information for referring physicians.

A performance monitoring system was produced for second-round grantees to measure the recipients' progress in patient care process, structure, organization and operations, social marketing and financial

sustainability, as well as referral rates from physicians and allied health workers. To help the clinics perform, Philippine TIPS provided training in business planning and financial management to clinic personnel.

The results of the second round of grants showed further improvement in clinic operations across all performance indicators, with all clinics reaching their goals. All clinics have engaged in active social marketing activities and begun charging user fees. The clinics have demonstrated their capacity to make progress toward financial viability through various income generation activities, and overall cost recovery reached 25 percent in less than a year. Most importantly, the quality of care among the clinics remained high, with an 86 percent treatment success rate. All clinics were certified by PhilCAT and all but one are accredited by PhilHealth, representing 60 percent of all accredited private facilities in the country.

## **REACHING PATIENTS WHERE THEY WORK**

The *National TB Prevalence Survey* and the *TB Burden of Disease* study showed that Filipinos, particularly men, are affected by TB at the height of their productive years (age 40 to 60). To address this issue, the project tasked Philippine TIPS consortium member Philippine Business for Social Progress (PBSP) to develop a DOTS in the Workplace program from among its 180 member companies in Manila, Cebu, and Davao.

**Through public-private mix clinics and workforce programs, Philippine TIPS and its partners helped make quality TB DOTS services available to more than 3.2 million Filipinos.**

Initially, DOTS in the Workplace showed seemingly low numbers of TB cases in selected companies. To understand the dynamics of TB in the workplace, the project commissioned a study that found fewer TB cases in companies with strong health programs, while numbers increased among workers who were unemployed, worked part-time, or who occasionally entered the formal workplace. To address these higher prevalence groups, PBSP expanded its TB DOTS services program to the general workforce. The wider strategy proved effective in finding TB cases: in one site alone, 17 cases were found in the formal worksite compared to 90 cases in the surrounding community.

Philippine TIPS supported the PBSP as they developed three models for DOTS in the Workplace: a full service delivery model (with laboratory services and diagnostic committee support); a workplace service with referral to a public DOTS facility; and

a workplace service with referral to a private DOTS clinic. In addition, agriculture-based enterprises — such as sugar mills and fruit plantations — expanded their DOTS services to the family members of their employees and seasonal workers to control TB in their communities.

In August 2005, the DOLE issued an order mandating the creation of DOTS programs in all workplaces. Soon after, PBSP, together with the Philippine College of Occupational Medicine, had oriented more than 200 occupational health specialists on DOTS in the workplace. By mid 2006, 23 companies — formally employing 51,900 workers and reaching an estimated 207,600 family members, as well as 55,000 informal workers and those living in surrounding communities — had adopted DOTS facilities or referral networks in line with the models developed by PBSP. PBSP also offers its members a low-cost package for *Managing TB in the Workplace*.



A medical technician reviews slides for mycobacterium tuberculosis.



As a participant of the Master TB Educator Award program, the Davao Medical School Foundation offers students interactive and engaging TB courses. Universities will continue to offer TB DOTS courses well after the project has ended.

## CHAPTER FOUR

# CAPACITY BUILDING

### TB DOTSTRAINING FOR THE PRIVATE SECTOR

At the project's inception, training was another area where operational guidelines for engaging the private sector in TB control were yet to be developed. Philippine TIPS analyzed the National TB Control Program public sector training module — namely, the five-day DOH course for physicians and health workers of regional health units and public DOTS centers — and determined that the materials and approach had to be adapted to private providers, who could not take a week off to attend a course. Moreover, training needed to be integrated into medical and allied health school curricula, and into the continuing education programs of professional societies and medical associations.

Philippine TIPS took the leading role in developing the *Basic DOTS* training and *DOTS Syllabus*, which were customized

for private sector audiences. The project's training materials for physicians transferred knowledge of and skills in PPMD operations, use of the PhilHealth outpatient TB benefit package, and the basics of the National TB Program strategy. The training modules tailored existing materials to the needs of the private sector and added evolving information on PPMD models and the PhilHealth package. The modules underwent a series of refinements based on expert panel screening, field-testing, and external validation, and eventually became the basis for future medical and allied health TB DOTS training.

Basic DOTS training pioneered by Philippine TIPS was the springboard for other, more specialized training. The basic module was regularly enhanced to include the most recent advances in TB control, providing



A student at the University of Sto. Tomas asks a question during a DOTS training.

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the material for *DOTS Engaged* training. The *Basic DOTS* training also served as the foundation for the *Basic DOTS Training of Trainers*, PDI training modules, the *Allied Health Worker Training*, and the *TB Diagnostic Committee Training*. As part of its certification and accreditation efforts, the project also developed a *DOTS Assessors* training module in cooperation with PhilCAT, DOH, and PhilHealth. All official training modules developed by the project have been transferred to PhilCAT for continued use.

Over the life of the project, Philippine TIPS DOTS training reached almost 5,000 health care providers, students,

teachers, allied health professionals, and other stakeholders. The project held 24 *Basic DOTS* training events for more than 1,200 physicians, and sponsored 12 *DOTS Engaged* training sessions that reached more than 600 physicians. The project delivered five *TB Diagnostic Committee Training* sessions nationwide, during which 61 diagnostic committees and 230 committee members were trained. The *Allied Health Worker Training* was delivered to 77 allied health school deans and faculty members, and five *DOTS Assessors* training sessions reached almost 300 assessors from both public and private sectors.

**“ As a result of the Master TB Educator Awards and twinning programs, 14 medical schools have ensured that 75 percent of all graduating medical students have been trained in TB DOTS. ”**

### **ENGAGING PROFESSIONAL SOCIETIES**

The successful dissemination and integration of the *Basic DOTS* and *DOTS Engaged* training can be attributed to the active role of various professional medical societies that adopted project modules and made them mandatory for their members. The six professional societies cited in Chapter Two were instrumental in training success: the Association of Philippine Medical Colleges (APMC) played the pivotal role, together with PhilCAT and the DOH as hosts of training sessions and signatories to various formal agreements and memoranda of understanding. These professional partners co-sponsored the *Basic DOTS Training of Trainers* and offered their conventions as venues for project training events.

The Philippine College of Radiology (PCR) was central to the success of the *TB Diagnostic Committee Training*. The PCR conducted a forum for its members, chapter heads, and training officers to reach consensus on TB diagnostic committee guidelines for diagnosing sputum smear-negative TB.

The University of the Philippines School of Economics Foundation knowledge, attitudes, and practice study of private providers mentioned above found that 70 percent of private physicians were aware of DOTS and that 35 percent adopted DOTS in their practice. TB DOTS training was positively associated with DOTS adoption and was named

as an effective tool in securing private physician participation in DOTS. Data collected from project-assisted clinics in June 2005 showed that four out of five referring private physicians were DOTS-certified.

### **THE MASTER TB EDUCATOR AWARDS**

Philippine TIPS' partnership with the executive director of the APMC paved the way for APMC involvement in the continuous integration of DOTS into medical school curricula, and to the innovative Master TB Educator Award program. The project issued Master TB Educator grants to 10 medical schools to accelerate DOTS integration and to support local champions who were institutionalizing DOTS. Subsequently, the schools reached out to the alumni, faculty, and physicians in their areas of influence through advocacy and training. Some of the schools established linkages with existing DOTS centers or even opened their own clinics, allowing their students an opportunity to complete rotations in PPMD facilities. The original 10 Master TB educator schools in turn twinned with four smaller medical schools to help the new schools teach DOTS. As a result of the Master TB Educator Awards and twinning programs, 14 medical schools have ensured that 75 percent of all graduating medical students have been trained in TB DOTS. Six additional schools have expressed interest in the program. Early and active involvement of major



Davao Medical School Foundation is one of 14 medical schools that offer TB DOTS education to all medical students. The university program was expanded to allied health schools, reaching future nurses, pharmacists, and medical technicians.

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medical schools in integrating the *DOTS Syllabus* into their curricula was a strategic and instrumental achievement that opened doors for other important stakeholders to join the DOTS movement.

### **TRAINING AT ALLIED HEALTH SCHOOLS**

Allied health schools — pharmacy, medical technology, and nursing schools — represent a large portion of the TB education community and have played an important role in bringing DOTS to the allied health field. Following the project's *Allied Health Worker Training* for deans and faculty members, the Philippine Asso-

ciation of Colleges of Pharmacy (PACOP) adopted the project's modules and conducted its own training of trainers through continuing professional education seminars involving at least 50 pharmacists. The Philippine Association of Schools of Medical Technology/Public Health (PASMETH) followed suit by presenting the modules at the annual convention of its counterpart group, the Philippine Association of Medical Technologists (PAMET). All medical technology and pharmacy schools in the country have adopted policies to incorporate DOTS into their curricula and are in various stages of implementation.

Through these training and institution building efforts, Philippine TIPS has created a critical mass of DOTS-engaged health providers, educators, trainers, and technical experts on various DOTS-related activities such as TB diagnostic committees and DOTS certification. Capacity building activities have not only ensured sustainability of various project initiatives, but also provide for continued expansion of TB services.

### **A CHANGE IN PRIVATE PROVIDER KNOWLEDGE, ATTITUDES, AND PRACTICES**

Two surveys among private providers in PPMDs showed great progress in the acceptance of DOTS from 2004 to 2006, measured in terms of changes in knowledge, attitudes, and practices. Awareness of National TB Program guidelines increased from 53 percent in 2004 to 86 percent in 2006. The use of AFB sputum smears increased from 79 percent to 94 percent. In the initial study, only 17 percent of physicians had ever referred a patient to a DOTS clinic; this increased three-fold to 61 percent in 2006, exceeding the project target of 50 percent.

### **PhilCAT**

PhilCAT, a national leader in strengthening public-private partnerships in TB control, was a key Philippine TIPS implementing partner. Its contribution to private sector TB control made PhilCAT the logical choice to help sustain project activities and carry initiatives into the future. Philippine TIPS dedicated resources to help

PhilCAT strengthen its institutional ability to lead.

Initial organizational assistance to PhilCAT focused on strategic planning and strengthening its capacity to implement grants from Philippine TIPS and other donor organizations. During the life of the project, PhilCAT received two grants from Philippine TIPS and a steady stream of institution-building technical assistance, resulting in a revised constitution and bylaws, an organizational chart, governance manuals, and a manual for organizing local coalitions. These local PhilCAT coalitions have the potential to provide a strong advocacy arm to the DOH's zonal approach to TB at the local level.

Philippine TIPS also helped develop PhilCAT's social marketing and communications strategy, reaching consensus on the coalition's image, vision, mission, and messages to key target audiences. The project has provided PhilCAT with assistance with World TB Day commemorations since 2002. In 2004, the project supported PhilCAT's 11<sup>th</sup> Annual Convention. As part of the convention, the project organized a *TB Advocacy Workshop for the News Media* for 25 media experts, raising the awareness of TB issues among the public and highlighting PhilCAT's role in TB control in the Philippines. Assistance to PhilCAT also included designing and launching PhilCAT's Web site during the 2005 World TB Day commemoration.



Aiza Dipatuan is one of many dedicated TB workers who offers community-based care by encouraging patients to complete treatment and those experiencing symptoms to seek DOTS services. Aiza has referred several patients to Health Management Research Group in Davao City, Mindanao.

## CHAPTER FIVE

# CHANGING BEHAVIORS

### THE PHARMACY DOTS INITIATIVE

The Philippine TIPS project determined that its comprehensive approach to TB control would include reaching out to TB symptomatics in the settings where they could be found: health facilities, communities, workplaces, and other trusted institutions, including pharmacies.

As mentioned in Chapter 1, many symptomatics who do seek care make the mistake of self-medicating with drugs purchased at private sector pharmacies. Self-medication endangers one's own health, increases the likelihood of infecting others, and risks the development of drug resistance. With one-fourth of TB symptomatics in the Philippines turning to private pharmacies for advice on their condition, the pharmacies were perceived by the project as a possible conduit

for channeling symptomatics to appropriate TB care.

Recognizing the key role of pharmacies in TB control in the Philippines and wanting to redress the problem of self-medication, Philippine TIPS developed the Pharmacy DOTS Initiative (PDI) in 2004. PDI design was based on findings from a rapid field appraisal that identified two main areas of weakness in pharmacist delivery of services to TB symptomatics. The first area was poor knowledge of TB and DOTS: a significant proportion of pharmacy workers did not know how TB was transmitted and only a few had heard of DOTS. The second area was anti-TB drug dispensing practices: studies showed that more than half of surveyed pharmacy personnel sold TB drugs without a prescription.

The main objective of PDI was to establish pharmacies as sources of reliable TB information and refer-

ral. This required that pharmacy personnel be trained to screen customers requesting TB drugs or TB-related information. The project developed training materials to address the limited TB training background of pharmacy workers and to help them make appropriate referrals to DOTS clinics. Pharmacy personnel were trained to provide accurate TB information to customers asking for TB drugs, pre-screen customers based on their symptoms, and make appropriate referrals to DOTS clinics. Inappropriate practices such as selling TB drugs without prescriptions and dispensing TB drugs in small or partial amounts — customer requests to purchase medicine in small amounts are common in the Philippines — were discouraged. The chart (opposite page) summarizes the desired results of PDI intervention.

Through the PDI, Philippine TIPS forged strong partnerships

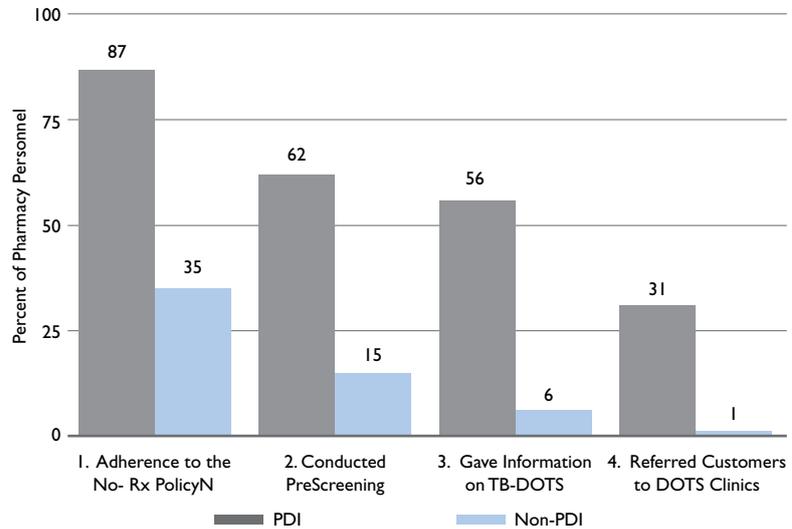
with the Drug Store Owners Association of the Philippines (DSAP) and the Philippine Pharmaceutical Association (PPhA). The DSAP consists of 1,500 pharmacy owner-members, with 48 local chapters nationwide. The PPhA is an accredited professional organization for pharmacists with 73 local chapters nationwide and more than 6,000 members dedicated to the promotion of professional growth and development of its members. The endorsements of these two organizations proved to be critical in obtaining the support and cooperation of pharmacy owners throughout the country.

Another goal of PDI was to increase pharmacy adherence to the “no prescription, no dispensing” policy of the NTP. A “mystery shopper” study compared PDI-trained pharmacies with non-PDI pharmacies on dispensing practices. On the basis of the four measured intervention

## DESIRED RESULTS OF PDI INTERVENTION

1. All pharmacy customers wishing to obtain TB drugs will be informed about TB and DOTS.
2. Customers without a valid prescription will not be sold TB drugs. They will be screened for symptoms and informed about available services in DOTS clinics. Those with a cough of two weeks or longer will be referred to a DOTS clinic.
3. Customers with a valid prescription will be advised about the necessity of taking the right amount of drugs based on the NTP guidelines.
  - a. Customers who fill their prescription in partial amounts will be reminded of the importance of filling their prescription on time.
  - b. Those who indicate that they cannot buy the complete TB regimen will be informed of TB services and free drugs in a DOTS clinic where a DOTS physician will review their cases.

## RESULTS FROM MYSTERY SHOPPER STUDY, 2004: COMPARISON OF FINDINGS IN PDI AND NON-PDI PHARMACIES



areas, PDI pharmacies showed a significantly better performance in comparison to non-PDI pharmacies. PDI pharmacy personnel were significantly more likely to refuse to sell TB drugs without a prescription compared to their counterparts in non-PDI pharmacies (87 percent vs. 35 percent). They were also more likely to prescreen their customers on the basis of their symptoms, (62 percent vs. 15 percent) and performed better in the areas of information giving (56 percent vs. 6 percent) and referrals to DOTS clinics (31 percent vs. 1 percent).

After 12 months of operation (from July 2004 to June 2005), 170 participating pharmacies reported serving a total of 7,432 customers buying TB drugs or inquiring about TB. Out of this customer pool, 29 percent were trying to obtain TB drugs without prescription. Since this population was considered to include the

most likely TB self-medicators, they were carefully screened for referral to a DOTS clinic for proper diagnosis and treatment.

More than a third (363) of those referred cases without a prescription presented at the DOTS clinics within the pilot sites (see figure below). At the DOTS clinics these clients underwent laboratory diagnosis. Of those who completed sputum tests, 34 percent (101) were confirmed to be TB cases, and of these, 59 percent (60) were smear-positive. Ninety-five percent of all declared TB cases were enrolled and treated in the DOTS clinics.

Through PDI, the project has successfully tapped the pharmacy sector to contribute in a significant way to TB control efforts. The project has demonstrated that pharmacy workers are able to prescreen customers, preventing a significant proportion from

## OUTCOMES OF TB SCREENING OF CUSTOMERS WITHOUT PRESCRIPTION IN PDI PHARMACIES, 2004-2005



taking TB drugs unnecessarily; more importantly, true TB symptomatics, particularly those who are self-medicating, were identified and referred for appropriate diagnosis and treatment in the DOTS clinics.

PDI is recognized internationally as an innovative approach to changing drug dispensing practices and increasing referrals of customers without the prescriptions. The next challenge lies in sustaining this initiative and replicating it on a wider scale throughout the country

### **SOCIAL MARKETING: THE DOTS AND I ARE WINNERS CAMPAIGN**

During the fourth and final year of project implementation, an important new element was added to the project scope: generating demand for private DOTS services through a comprehensive social marketing campaign. The objective of the campaign was twofold: to raise awareness about quality private sector DOTS services among TB symptomatics; and to strengthen long-term viability of project-assisted DOTS clinics by increasing the number of insured patients and those capable of co-payment. Special emphasis was given to market sustainability of the clinics, such as the clinic's ability to establish its niche and patronage while maintaining quality TB DOTS services.

In developing the demand generation strategy and main messages, the project turned to the *Study on Health Seeking Behavior and Perceived Causes of Tuberculosis Among TB Patients in Manila*, published in September 2000 in *Tropical Medicine and International Health*. The study revealed that availability of information on TB control and management, as well as DOTS as the best treatment, remains the strongest tool in correcting misconceptions about TB among the general public. Such information includes the cause of TB, its spread and presence in the country (7 out of 10 Filipinos are infected), its true symptoms, the fact that TB is curable if diagnosed and treated early and properly, and that patients undergoing regular, proper, and complete treatment can resume their normal routine without risk of infecting others two weeks after the start of the treatment. Educating the public about these important facts will motivate potential and current TB patients to seek immediate professional help from a quality DOTS provider. As the study showed, early basic information on TB is important because people's knowledge and perception of TB when they are still healthy is an important determinant of their health seeking behavior if/when they become infected.



Market and message segmentation played a major role in the development of the campaign, as different audiences have different information needs. Current TB patients can be encouraged by the message that “there is life after TB.” Family and household members of TB patients need to be reminded of their substantial influence in ensuring proper treatment. Family plays a crucial role in changing behavior of TB patients — the *Health Seeking Behavior* study showed that 69 percent of surveyed patients were instructed by a family member to undergo a check-up.

Three types of materials with different key messages were developed. For the general public, the key messages focused on the facts: anybody can contract TB and it can spread easily, but it is curable through proper diagnosis and treatment. The second group of flyers, brochures and posters was targeted at TB symptomatics: they were encouraged to visit the nearest DOTS center for early diagnosis and treatment, discouraged from self-medicating, and reassured that there is life after TB. The third target audience — families and household members of TB patients — were

given positive messages about understanding, love, and involvement in patient treatment. Other integrated communications materials produced by the project included stickers, billboards and streamers, mobiles, and directional signs.

An important element of our social marketing campaign was the creation of unique and effective clinic branding. A seal was installed in all project-assisted DOTS clinics, helping to raise clinic visibility and generate higher demand for DOTS services. The seal, which reads “Guiding the Way to Healthy Lungs. A Quality Service DOTS Clinic” incorporated the logos of institutional partners, including the DOH, PhilHealth, PhilCAT, and USAID.

The public needs to be educated on the true nature of TB and the effectiveness of DOTS treatment. Similarly, clinic staff must be convinced that with effective social marketing, TB patients will be willing to pay for quality private sector services, and that even after user fees are instituted, a steady flow of patients will be maintained. The project designed and implemented a series of training sessions to strengthen



Signs bearing the “Quality DOTS Clinic” seal were given to each clinic for common branding.

**“The campaign slogan *DOTS at Ako, Panalo (DOTS and I Are Winners)* was a conscious attempt to differentiate and brand former and current TB patients as ‘winners,’...”**

the capacity of the clinics’ 34 liaison and marketing officers. The participants acquired better understanding of demand generation strategies, and were equipped with skills and tools to effectively and efficiently perform their social marketing functions. The module on customer service made the participants more conscious of the needs and expectations of their clients. Lastly, the module on presentation skills made the participants aware of the importance of tailoring their key message to the audience, and making their presentations more substantive and dynamic.

Early results of the demand generation campaign were extremely encouraging. The majority of the clinics registered only insured clients and those capable of paying user fees. Of 12 clinics that reported on cost recovery, eight showed an increase in both sustainability ratios and the number of walk-in clients for the period when social marketing activities took place compared to previous time periods. Five out of eight are already above the 20 percent target cost recovery target. The project also observed an increase of referrals as a result of the project’s training for allied health workers, conducted early in 2006. An in-depth evaluation of the demand generation campaign was conducted in the final months of the project.

In addition to the “DOTS and I are Winners campaign,” Philippine TIPS extended assistance in TB health promotion to other key project stakeholders,

including the DOH. Philippine TIPS supported the DOH in developing a health promotion guidebook for the National TB Control Program, and helped train its health education and promotion officers, information officers, officers of the National TB Control Program, officers of the National Center for Health Promotions, and representatives of regional DOH Centers for Health Development.

#### **CHANGING THE TREATMENT BEHAVIOR OF PRIVATE PROVIDERS**

Philippine TIPS employed various behavior change communications strategies to promote TB DOTS as the state-of-the-art treatment protocol among private providers. The primary target audience was composed of physicians who were most likely consulted by TB symptomatics — doctors of general medicine, family medicine, internal medicine, pulmonology, and infectious diseases. The project conducted audience and environment research to gain insight into the physicians’ information-seeking behavior and their awareness and attitudes towards TB DOTS; their initial responses to trial DOTS messages and logo were also measured.

Following the initial research, Philippine TIPS developed evidence-based behavior change communication materials, including an academic detailing kit patterned after detailing kits used by pharmaceutical companies. Titled *DOTS, You and Your TB Patient*, the kit was used by project-supported

# SUCCESS STORY

## Two Lives Saved



*Reynaldo and his 3-year-old granddaughter, Yzel Marie.*

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FIFTY-EIGHT year old Reynaldo, a TB patient from Cavite Province, thought he was going to die after feeling sick for months.

He went to Pastorela Drugstore, a nearby pharmacy, to buy medicine even though he didn't have a doctor's prescription. But the drugstore pharmacist politely refused to sell him drugs after learning his symptoms.

Instead, she talked to Reynaldo about the risks of self-medication and counseled him to go to a private clinic that treated TB patients through "Directly Observed Treatment, Short-Course" or DOTS, an effective TB treatment approach promoted by the Department of Health and the World Health Organization.

Reynaldo went to the DOTS clinic, which confirmed that he did have TB. On the advice of the clinic, Reynaldo had his whole family tested. To his dismay, he learned that he had infected his 3-year old granddaughter, Yzel Marie.

Both grandfather and granddaughter received proper treatment. Reynaldo is grateful to Pastorela Drugstore for advising him to go to the DOTS clinic. He believes this not only saved his life, but his granddaughter's as well.

Some 170 drugstores in Dagupan, Quezon City, Bacoor, Iloilo, Cebu, Cagayan de Oro, and Davao volunteer their services to refer people with TB and those experiencing TB symptoms to DOTS clinics.

Called the Pharmacy DOTS Initiative, this is among the main programs of Philippine TIPS, a project guided by the Department of Health's National TB Control Program and supported by the U.S. Agency for International Development. Its overall goal is to strengthen private sector participation in TB control.



*The owner-pharmacist of Pastorela Clinic explains TB symptoms to a client.*

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Mercury Pharmacy is one of three large pharmacy chains participating in the Pharmacy DOTS Initiative (PDI), serving as DOTS referral sites and sources of accurate TB information for customers. The corporate social responsibility exhibited by these pharmacies has helped reduce the harmful practice of self-medication.

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DOTS clinics in their out-reach activities to increase the number of patients referred by private physicians. Using innovative message delivery formats, the project produced several CDs, including *TB-DOTS eSHELF #1 – References and Resources on Tuberculosis and Directly Observed Treatment, Short-Course and Tuberculosis – Directly Observed Treatment, Short-course: Teaching and Learning Resources for Philippine Medical Schools*, and videos - *Private Initiatives: The Private Sector Promotes DOTS for Better TB Control in the Philippines* and *Breaking Ground – Philip-*

*pine Tuberculosis Initiatives for the Private Sector.*

Initial research also confirmed that physicians preferred to receive scientific information through medical conventions, seminars and similar special events, which led Philippine TIPS to increase its participation in such gatherings. In addition to sponsoring the 2004 PhilCAT convention, the project organized a number of successful medical education events, such as the *TB-IEC Students Fair*, which emphasized the critical role of medical schools in promoting DOTS.



PPMD clinics have greater capacity to treat TB in children through PhilHealth's new pediatric TB benefit.

## CHAPTER SIX

# ACCOMPLISHMENTS

Philippine TIPS has achieved significant success during its four years of implementation, as recognized by external experts and evaluators, project stakeholders and beneficiaries, and other members of the medical and development community in the Philippines and worldwide.

The project was tasked with developing a comprehensive packet of enabling policies, guidelines, and regulations to encourage broad private participation in the DOTS strategy, along with a financing framework for PPMD clinics. Philippine TIPS:

- Completed and strategically disseminated the *Burden of Disease* study.
- Proposed a *Private Sector Drug Facility* (PDF) mechanism to provide private sector access to quality TB drugs.

- Facilitated DOLE D.O. 73-05 *Guidelines for the Implementation of Policy and Program on TB Prevention and Control in the Workplace*, signed on March 30, 2005. Facilitated official launch of the D.O. and its publication in the *Manila Bulletin* on July 19, 2005.
- Helped consolidate and unify TB control policies through the *Comprehensive and Unified Policy (CUP) for TB Control in the Philippines* (per Executive Order No. 187, signed by the President of the Philippines on March 21, 2003).
- Consolidated TB-specific provisions of existing laws into a compendium of policies to serve as legal basis for promoting TB DOTS in selected localities.

- Assisted in formulating the Secretary of Health's TB policy agenda and its presentation at the PhilCAT 2005 convention policy forum.
  - Developed the TB policy and finance framework with special emphasis on ensuring drug supply, sector-wide financing framework, and multi-year budgeting.
  - Assisted the Quezon City Government in implementing the TB policy and finance framework in the context of the *Sagip-Baga* Quezon City initiative.
  - Helped to formulate a strategy to increase use of TB health insurance benefits, and to improve efficiency of PhilHealth reimbursement.
  - Facilitated development and testing of PhilHealth certification standards.
  - Developed and implemented the DOTS certification and accreditation system.
- multi-specialty clinic; two workplace/workforce models; two informal workforce models; the Pharmacy DOTS Initiative; and a pilot Single Practice Network. (Note: The Pharmacy DOTS Initiative and the Single Practice Network are models developed, but not included in the service delivery sites, as the pharmacy initiative is not a full service delivery point and the network was piloted only.)
- Created linkages between the clinics and the regional DOH/Center for Health Development (CHD) office and between provincial and city health offices. Established and/or assisted regional coordinating committees (RCCs) for Public-Private Mix DOTS (PPMD) in 12 regions.

The project was expected to expand DOTS services in the private sector, using the best approaches and models, emphasizing quality, accessibility, and sustainability. Philippine TIPS:

- Implemented TB DOTS models in 30 service delivery sites, against a target of 25. The 10 private sector TB DOTS models developed and enhanced included: a hospital-based, coalition-based, HMO,

Capacity building in the private sector focused on TB DOTS education in medical and allied health professional schools, leveraging crucial support from associations and health providers engaged in quality DOTS delivery. Communications initiatives also contributed to motivating private providers to adopt DOTS. The project's target was to engage 50 percent of the physicians in project sites in DOTS. In the second year, 17 percent were engaged and referring patients to DOTS clinics. By the project's end, 61 percent of physicians were DOTS-engaged, a threefold increase. To achieve this, Philippine TIPS:



**Dalmacia receives directly observed therapy at the People's Adoption to Total Health Sufficiency (PATHS) DOTS Clinic. The clinic hosts a monthly support group for patients and treatment partners to address problems they may encounter during the course of treatment.**

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- Developed a TB DOTS syllabus that was incorporated into 10 schools through the Master TB Educator Award program, and four schools through the APMC DOTS Continuity grant.
- Expanded pre-service TB DOTS training to nursing, medical technology, and pharmacy schools.
- Developed 10 training modules that were transferred to local organizations.
- Conducted 163 training sessions reaching 4,872 service providers, including practitioners, TB Diagnostic Committees, DOTS trainers, and allied health workers.
- Provided comprehensive organizational development support to PhilCAT, helped develop vision, structure, and local coalition building strategy and procedures.
- Increased media coverage of TB five-fold in the first year of project implementation.
- Advocated behavior change at high levels at the YB advocacy workshop of the National Coalition for the Elimination

of TB; Philippine Business Conference; 2004 and 2005 PhilCAT conventions, and 2004 IUATLD advocacy workshop.

Health-seeking behavior in the public and treatment behavior among private sector physicians, were targeted through behavior change communications.

Philippine TIPS:

- implemented the Pharmacy DOTS Initiative, transforming pharmacies from sources of drugs for self-medicating patients into education and referral sites for DOTS, and
- launched the “DOTS and I are Winners campaign,” which contributed to helping clinics reach their target of doubling the number of patients who are insured or paying user fees. As a result of the campaign and other efforts, all clinics achieved the 20 percent cost recovery target.

Philippine TIPS’ culminating event was *Breaking Ground: A Symposium on the TB Initiatives in the Private Sector Project*, an end-of-project symposium convened by the DOH on May 4, 2006 in Manila City. The symposium celebrated collaboration with partners to achieve major accomplishments and contributions to controlling TB in the Philippines. The celebration included more than

130 representatives from government agencies, nongovernmental organizations, professional medical societies, medical colleges, news media agencies, private TB clinics, business corporations, donor agencies, and multilateral institutions. This event was honored by the Secretary of Health Francisco T. Duque who, in his keynote address, acknowledged that USAID efforts “have been instrumental in building a stronger network of TB partners through the Philippine TIPS project.” Another key guest of honor was USAID Mission Director Jon Lindborg, who noted that USAID is now the largest TB donor in the world and that, in the Philippine TIPS project, USAID has seen “encouraging results in just three and a half years.” The event was the main venue to recognize partners, acknowledge the formal transfer of project activities to local partners, and present the DOH with the *Best Practices and Approaches in Private-Public Mix DOTS* manual, a compilation of 20 papers describing project initiatives, approaches and useful tools.<sup>4</sup>

## KEY LESSONS

The most salient lesson that emerged during the Philippine TIPS project was that the private sector can make a significant contribution to TB control. Through efforts of the NTP, the private sector, Philippine TIPS, PhilCAT, and many other partners, the Philippines has demonstrated that the role of the private sector can extend beyond traditional

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4 Included as an annex to this report on CD-ROM.

referral functions. This evolving private sector role should be closely coordinated with the public sector programs at national, regional, and local levels.

Several highlights of other key lessons can be grouped into the following four areas:

#### Creating an Enabling Environment:

- *Labor and employment policy changes* are possible and have great potential to improve the rights of workers, end discriminatory hiring practices based on chest x-ray findings, and promote the diagnosis and treatment of those with TB. Next steps should focus on disseminating, implementing, and ensuring compliance with the new policy.
- *Strategic relations with the news media* raised visibility, helped place TB on the agenda of debates on health policy and spending, and influenced political will to support higher prioritization of TB control activities and adoption of the DOTS strategy among private providers.

#### Expanding Quality TB Services:

- *Establishment of PPMD clinics.* At the outset of the project, the TB community anticipated that approximately a three-year period was necessary to establish of a fully functioning PPMD clinic. The commercial sector expected

successful new businesses to break even in the first year of operation. From experiences in implementation, the project determined that a successful technical DOTS operation could be established in six months and if proper business practices and marketing efforts are in place, cost recovery can be achieved by the best performers after approximately two years of operations.

- *The challenge of financial sustainability of PPMD clinics.* The type of PPMD model affects sustainability. Clinics established within a larger institution — such as hospitals, HMOs, and charities — can access the resources of their mother institution and are therefore at a great advantage compared to stand-alone clinics. In addition, the project learned that new insurance benefits take time to function smoothly, and that debates over the appropriateness of user fees are quite controversial for some diseases, such as TB.
- *Corporate social responsibility* is a strong motivator and enabler of successful workplace programs: companies place a high premium on the health and welfare of their employees, as well as the communities where they operate. The approach of supporting public policy mandates addressing TB in the workplace with a direct campaign to inform and encourage the business

community to adopt a TB workplace policy/program as part of corporate social responsibility, was effective in changing corporate attitudes and behaviors toward TB suspects or patients.

#### Building the Capacity of Private Providers:

- *Leverage the strengths of colleges and universities.* The “Master TB Educator Award” groomed champions and enabled medical institutions to integrate TB DOTS into medical school training to ensure its continuation long after the project closes. The program also highlights how political commitment among a group of schools can pave the way for influencing attitudes and behavior towards promoting DOTS among faculty, students, alumni, and even physicians in the surrounding community. Preliminary findings point to the success of this approach in allied health schools.
- *Engage professional societies.* Engaging professional societies in training and advocating for DOTS greatly multiplied the number of providers referring to DOTS facilities and adopting DOTS in their own practices. Six professional medical societies and business groups promoted DOTS as the “gold standard” in TB case management, and helped generate support for a TB workplace policy. Professional societies in allied health also

proved to be essential partners in promoting the DOTS strategy.

#### Changing Behaviors:

- *The pharmacy sector was identified as a key player* in the effort to control the spread of TB through its ability to restrict the practice of self-medication while also providing referrals to DOTS clinics. The project’s experience demonstrated that strategic advocacy and community education can overcome barriers to participation, even among those who stand to lose financially from the project, by ending the practice of dispensing TB drugs without prescription. Future efforts should focus on addressing systematic barriers to access to DOTS clinics by pharmacy referrals, as well as using pharmacies to facilitate earlier referral of clients experiencing symptoms.
- *Create demand for DOTS services.* The number of PPMD walk-in patients who are insured or have the ability to pay user fees can be increased through a strategically designed, local BCC/social marketing campaign. This campaign should be complemented by improved customer service to promote referrals from patients, the establishment of community referral systems, and efforts to change the perspective and health seeking behavior of the public.



The DOTS strategy emphasizes the use of sputum exam as a primary diagnostic tool. The TB Diagnostic Committee reviews charts and chest x-rays to confirm TB diagnosis of patients with negative sputum smears.



After successful treatment at PATHS DOTS Clinic, a TB patient and his son look forward to a healthy future.

## CHAPTER SEVEN

# WHAT NEXT?

During the Philippine TIPS project lifetime, the National TB Program led the country to achieve its target of a 70 percent case detection rate and 85 percent treatment success rate. It has been a privilege to implement USAID's project and collaborate with a wide array of stakeholders and the National TB Program in these exciting years. The outpouring of international support for TB control in the Philippines from 2002 onward has been extraordinary. The national effort made by the Philippines to achieve its global commitments is spectacular, and truly justifies the role of judiciously applied international assistance. Great progress has been accomplished and a strong foundation built for moving onward to reaching the Millennium Development Goals of further reducing TB mortality and morbidity in the Philippines.

Promising practices emerging from project efforts were documented and compiled in six areas: engaging the private sector, improving PPMD clinic operations, creating demand for DOTS services, promoting DOTS among private providers, informed decision making, and discouraging self-medication. By identifying and documenting its best practices and approaches, Philippine TIPS disseminated lessons learned, approaches, and helpful tools to a much broader audiences than its original partners and stakeholders.

The comprehensive approach taken by Philippine TIPS facilitated both an enabling environment of TB control among an expanded set of providers, and the provision of more sustainable, higher quality TB services in the private sector. Service providers who intend to continue to serve TB patients —

19 out of 20 project-assisted clinics and 23 worksites — will continue to be living examples of good TB practice, and a majority of these clinics are expanding case finding to reach more persons with TB each year. Partner organizations that have been empowered and institutionalized project interventions are many: PhilCAT, PBSP, APMC, professional societies, PhilHealth, and the Drug Store Owners Association of the Philippines, among others. Indeed, project presence has been transferred to the stakeholders who have taken on the different tasks of the private sector TB program.

The project fully utilized its available resources and period of implementation, yet at the project's end much remains to be done. The next priority in TB control is the need to address sputum-negative TB patients, and vulnerable patients such as those with multi-drug resistant

TB, pediatric TB, and co-diagnosed with TB/HIV.

While most developed countries have effectively tackled treatment of active TB disease and have turned to treating latent TB infection as a proactive preventive approach, high-burden countries such as the Philippines still must ramp up efforts to control TB disease, ever striving for earlier detection and greater treatment success. The biggest challenge for government, private sector partners, and donors is not to become complacent with attaining intermediate targets, such as the 70 percent case detection rate. Sustained political will among all parties is essential to meet the country's Millennium Development Goals. It is encouraging that the private sector will no longer be a mere observer of progress, but is now an indispensable partner in national TB control — a partner whose full potential can be realized in the coming years.



TB treatment coordinators offer directly observed therapy to patients in the Canossa Social Health Center's courtyard.

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**Harnessing Public-Private Partnerships in TB Control**

PHILIPPINE TUBERCULOSIS INITIATIVES FOR  
THE PRIVATE SECTOR (TIPS) FINAL REPORT

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