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

PHARMACY-BASED TB DOTS IMPLEMENTATION PLAN

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1. BACKGROUND

The public health risk associated with the re-emergence of Tuberculosis (TB) is serious. Philippines now rank seventh among the 22 high burden countries in the world. According to the 1997 prevalence survey conducted in the Philippines, 63 percent of the population was infected with TB and the annual risk of infection is about 2.3 percent. Incidence is highest among the poor and the economically productive years of 15-55. In the year 2000, there were a total of 128,500 registered cases of TB in the Philippines and the rate is increasing at an alarming pace.

Despite numerous initiatives in the public sector, the 1997 prevalence survey found very slight decline overall. Many are not using DOH services, and fifty percent of symptomatics never sought services. A large number of this are self-medicating and are not completing the full short-course therapy.

NTP faces a number of challenges in their efforts to control the spread of this disease. These include effective case detection; provider knowledge on diagnostics and treatment; patient compliance uninterrupted drug supplies, alternative financing schemes and conducive policy environment. Patient compliance is critical to treatment and the control of TB in general. Incomplete treatment often results in multiple-drug resistant (MDR) tuberculosis. And the treatment of MDR tuberculosis is not only longer but much more expensive. Many developing countries do not have the resources to support such therapies.

DOTS (Directly Observed Treatment, Short Course) provides an effective, low-cost alternative to the varied treatment plans used in a number of countries. The advocacy and implementation of DOTS programs on a global level are the best-known strategies for preventing the spread of TB and curing those who are infected. However, not all providers are familiar with TB DOTS.

The World Health Organization (WHO) reports that a significant proportion of TB cases are detected and treated by private health care providers. Private providers comprise for-profit health care givers, pharmacies, clinics, hospitals, NGOs and traditional healers outside of the formal public sector.

In 1997, the National Tuberculosis Prevalence (NTPS) showed some unsettling patterns of the health seeking behavior among the TB afflicted population. It is estimated that thirty eight percent of this group initially went to see a medical doctor, either in a public hospital, private hospital, public health center, or private clinic. Disturbingly, a third (34.5%) of this group chose not to seek any form of treatment. And, a fourth (27.5 %) of the same population resorted to self-treatment[1].

[1] *Pls. refer to Annex 12 page 47 Observed TB Treatment Provider of Choice*

Integrated Medical Service (IMS) reports that a high percentage (85%) of those who seek TB treatment in the private sector go straight to pharmacies for their drug need. It is generally perceived that financial constraint and cost savings are the dominant reasons why clients by-pass medical providers[2]. While these are legitimate reasons, by-passing medical providers is a harmful practice that severely affects treatment outcome.

1.1 Current Situation and Role of Private Providers

Because TB patients increasingly seek private providers for treatment, their services need to be examined and brought up to standard. While private providers are generally perceived for higher quality services, many still have limited understanding of TB DOTS and are inadequate in diagnosing and providing proper TB case management. But their ability to provide convenience and privacy attracts patients who are stigmatized by the disease[3].

The pharmacy, as the first point of contact for the self-medicating TB client has a strategic role in reaching these clients and providing them with correct information, appropriate drugs, referrals and counseling.

However, the drug dispensing practices of pharmacies are not well regulated and pharmacies routinely sell TB drugs without prescription. The recently concluded investigation of 168 drugstores validated that: i) limited TB information is provided to clients, counseling and/or referrals are not routinely given, and, ii) incomplete dosage regimen are routinely given to TB patients. Private providers, on the other hand, do not maintain accurate client records that can facilitate monitoring and follow-up. These practices are not only detrimental but exacerbate the already low detection rate and cure rates among clients dependent on private sector services. The current MDR TB problem as a result of the indiscriminate sale and use of antibiotics particularly sales of incomplete dosage regimen is a growing health problem.

1.2 Private Sector and the National TB Control Program

For the national TB control program to succeed, the private sector, particularly the pharmacies need to be involved in TB control efforts. Strategies that can attract, motivate and sustain these front-line health care givers to accept and support the TB DOTS program should be developed.

2. Rationale for Pharmacy involvement

There are many reasons why pharmacy involvement in TB control efforts is needed.

- Pharmacies are numerous, widely dispersed and strategically located.

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[2] *Some of the important reasons given by patients include: i) distance from household to clinics and the wide access and convenience pharmacy provides to patients; ii) expeditious attention given to clients and the quick relief from the medication provided; iii) availability of wide range of medication that are affordable to patients and/or the availability of credit or the option to purchase drugs in small amounts. Most important is the option to purchase drugs with or without prescriptions*

[3] *1997 NTPS indicates that 12.7% of TB symtomatics go to private MD and private hospital while 25.3% seek public hospitals and health centers*.

Pharmacies are numerous, widely dispersed and strategically located and thus, will be able to provide wide access and convenience to clients seeking TB information or medication. There are 7,000 registered drugstores in the Philippines (AC Nielsen) strategically located in key urban centers and high traffic areas. It is estimated that there are even more unregistered drug sellers who continue to serve a large number of clients. The large number of drugstores and their strategic location provide an outstanding advantage that needed to be tapped for a number of reasons.

These medical service front liners are best poised to:

- provide TB clients wide access and convenience in serving their information needs, counseling, referrals and drugs.
- reach self-medicating TB symptomatics with correct information, counseling and referrals
- provide TB pre-screening by catching TB suspects inquiring about TB information or drugs for TB.

The role of drugstores particularly among self-medicating TB client cannot be ignored. This role becomes even more important as an increasing number of clients continue to seek medication from drugstores without prescription[4]

- Pharmacies are usually the first point of contact for information on drugs and health concerns.

The unique role of pharmacies as the first point of contact for information on TB drugs and health concerns provides a powerful advantage in increasing TB detection rate. The currently recommended approach to TB case finding involves detecting cases among people presenting with symptoms (most important is chronic cough) to the public or private health services. However, finding TB suspect will be difficult if the symptomatic chose not to visit the health providers. Pharmacies can catch these TB symptomatics who come forward to ask for TB information or medication.

- Pharmacist are trusted by clients and often fulfill client needs for privacy convenience, medical advice and quality of services

Pharmacists are trusted by clients and often fulfill client needs for privacy, convenience and quality of services. Many studies indicate that client reasons for choosing drugstores over public facilities is their perception of better quality and wider choices of drugs. As long as clients maintain this perception, pharmacies will continue to attract clients.

- Pharmacies can expand the network of service delivery points.

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[4] In a separate study of 40 pharmacies in Metro Manila, 78% of these pharmacies did not require prescription for dispensing anti TB drugs. (Romulo, et.al)

Pharmacies as formal delivery points for health information have not yet been developed. Building this infrastructure will not only provide a powerful advantage in reaching inaccessible audiences particularly self medicating clients but also provide the foundation for future collaborations.

3. Challenge for drugstore involvement in TB control

Inappropriate antibiotic use is one of the major problems that has been strongly correlated with the unregulated dispensing practices of drugstores and drug sellers. Drugstores are not the only ones at fault – indiscriminate prescriptions of physicians, government health centers and pharmaceutical companies have also added to the problem. But the loose dispensing practices among drugstores certainly do not help the problem.

Some of the reasons for this practice include: i) clients' limited funds to afford full treatment, ii) the cultural concept of discontinuation of antibiotics upon relief of symptoms, and , iii) the client's need to allocate resources to other forms of treatment. These factors curtail the patient's ability to purchase the full course leading to incomplete treatment, a practice that many pharmacists often condone. Pharmacists also often act as medical advisers for clients shopping for affordable medication. Because they are not trained the kind of advice they can provide is limited and often inaccurate.

The Philippines has one of the highest percentages of antibiotic utilization among Asian countries surveyed. While an uninformed pharmacist may definitely add to the problem, an enlightened one can guide clients and discourage the harmful practice of selling drugs without prescription.

Several attempts have been made in the past to involve pharmacies in the dissemination of health information and sale of health products. This includes the following: i) promotion of family planning methods particularly oral pills and condoms; ii) promotion of ORT; iii) promotion of STD syndromic management; and, iv) promotion of ECP (Emergency Contraception Pills). In most of these programs, drugstores involvement in the promotion of the products, while advantageous to the goals of the project, have also resulted to increased sales and profitability of the pharmacy[5].

The level of involvement of pharmacies in TB control however, will be slightly different. It will entail a deeper commitment on the part of the pharmacy owners and staff.

4. Motivation of Drugstores to participate in TB DOTS.

These observations were gathered from the recently concluded survey of 168 pharmacies in the seven urban areas in the country.

[5] *Please refer to Annex 1 – Review of Best Practices in the Use of Pharmacies in the Philippines*

- Community Service. Pharmacists generally feel that their involvement in community or social development projects like this elevates their profession and provides them a sense of fulfillment for community service.
- Increased profitability. It is expected that pharmacy clients under this program will purchase the required six months treatment regimen and thus will contribute to the profitability of the pharmacy.
- Training. Staff training provides an effective incentive for involvement. They appreciate refresher training and opportunity for skills upgrading.
- Recognition from government officials for their involvement is an intrinsic reward that many pharmacists value.
- Management fee. Both partner NGOs and pharmacies efforts in the implementation of activities will be compensated. It is customary to provide management fee or cost reimbursements to project implementers. A small management fee will be negotiated during the development of the MOUs and will serve as added incentive for performance.

5. Strategies for Pharmacy involvement in TB control efforts

Multiple approaches and strategies are examined and proposed to attract pharmacy participation in TB control efforts. It is anticipated that one or more models of collaboration may be used in the implementation of the strategy.

5.1 Description of Strategy

The ideal approach will depend largely from what drugstore owners and staff are willing to provide and the kinds of incentives that will appeal to them.

Many pharmacists have already indicated their willingness to provide information, counseling and referrals to TB clients. What is not clear is whether they will be able to perform this role continuously for an extended period. And, whether there is an ability to sustain the provision of incentives for them to perform these tasks.

Three strategies will be piloted in the seven demonstration sites to find the right combination that will be most effective. Innovative approaches to guarantee continued drug supply for private sector patients will also be tested to see whether they will improve continuity of drug supply, patient compliance and improve treatment outcomes. These approaches are:

- The use of credit/discount card for TB drugs
- The acceptability/affordability of socially marketed TB drugs to patients
- The effect of “adopt a TB patient” strategy in treatment outcomes.

It is recognized that there is no single strategy that will be uniformly acceptable to all drugstores. Each drugstore will be attracted and will respond to a strategy that best serves its interests. Providing multiple strategies will provide the drugstore the option to choose.

The various models or approaches for pharmacy involvement may be categorized as follows:

- Model I (Information Dissemination)

Under this model, drugstores will be requested to disseminate IEC materials[6] to walk-in TB clients asking for either TB information or drugs. While this is a more passive approach, it is still a very important service in creating awareness, advocacy and dissemination of critical information to TB suspects.

Engaging drugstore to undertake this role will need: i) discussion with owners to solicit their cooperation to assist in information dissemination; ii) letter of request and or recognition from DOH for their participation; and iii) attendance in a general workshop to orient them on the goals of the project and the need for their cooperation; and, iv) a request for their cooperation with trade audit efforts to measure dissemination and reach of IEC materials provided. While this may not require a separate MOU between the drugstore and the project, drugstore concurrence as participant in the project would be essential.

It will be to the best interest of the project to engage as many drugstores as possible in this information campaign. It is essential, however, that the dissemination of information is closely monitored to ensure that the information reaches its intended audience and the level of penetration is measured.

- Model II (Pre-screening, IEC, Counseling and Referrals)

This model will require active participation and additional effort from the participating drugstore. They will be expected to perform TB pre-screening, the dissemination of TB information, client counseling and referrals. This will be the preferred model and will be strongly emphasized in soliciting participation. It is hoped that most of the pharmacies will fall under this partnership arrangement.

Strong emphasis will be made on client counseling and referrals because these are the two crucial activities that will ensure that the clients' information needs are adequately addressed and drugstores become stakeholders in the TB control efforts. The following incentives will be provided to attract participation. Training will be provided to drugstore staff to upgrade knowledge on TB particularly TB DOTS. In the past, training has been an effective incentive for participation. Pharmacists value any opportunity to upgrade skills. They also welcome the opportunity to expand their role to include client counseling.

Training provided to drugstores under this model will include: General TB Information, TB Case Management, TB DOTS and Client counseling.

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[6] IEC materials for dissemination by drugstores include: TB brochure, flyers, posters, mobiles, store stickers and other appropriate below the line print media that can help in providing TB clients correct information on TB.

An MOU between the project and the drugstore will be established to make the relationship binding. The recently concluded baseline study validated that majority of drugstores approached are willing to provide counseling to TB clients.

- Model III (Drugstore as an integral part of TB DOTS Center)

Plans are underway to set-up private sector TB DOTS center in the seven urban centers that will provide diagnostic (microscopy), treatment and drug supplies to TB clients. It is however anticipated that the number of TB DOTS centers will be limited and will not be able to provide wide access and convenience to private sector clients. Pharmacies close to the TB DOTS centers would be ideal collaborators in providing information and referrals to clients coming to them.

Under this model, pharmacies will be recruited to become an integral part of the TB DOTS center as the provider of information, referrals and counseling. Pharmacies will be more engaged in the services of the TB DOTS center. Please refer to Fig. 9. .

While this may be the most attractive strategy to pursue, it would require a higher level of commitment. Drugstores that are owned and operated as an extension of a private medical clinic or hospital would be ideal partners under this strategy

Under this set-up, it will be essential to ensure that proper regulatory controls are observed prior to accreditation of the TB DOTS center to include pharmacies as both information and drug supply points. It is also important that the services of the center are well regulated according to established NTP guidelines. The development of this model should be done in close coordination with the development of the planned fully accredited TB DOTS center in the identified replication sites.

While these three models appear most viable to provide the basis for the pilot implementation, it is envisioned that there will be many variations that would happen as more experience is gained in the course of implementation.

5.2 Innovative approaches for ensuring uninterrupted TB drug supplies for private sector TB clients.

Uninterrupted drug supply is not only a critical element in the DOTS strategy but also an essential requirement for TB treatment. Once treatment is halted for whatever reasons, the TB patient becomes at risk of MDR TB which is much more difficult and costly to treat.

Clients dependent on private commercial TB drug supplies will be at risk of supply interruptions for the following reasons: i) they may run out of funds within the course of the 6 months treatment and stop buying drugs; ii) pressing financial needs would limit their capacity to afford the required full regimen (6 months); and iii) relief from initial treatment will reduce motivation to continue the full course.

For these reasons, the following innovative approaches will be tested during the course of implementation

5.2.1 Financing of TB Drugs

The provision TB drugs on credit will be the object of this study. This is based on the assumption that patients are not able to afford the full course treatment and will likely discontinue. The provision of credit facility through voucher system and or credit card system will serve as an incentive to continue buying the full course required. It will also enable the patient without cash to avail of the branded commercial TB drugs.

5.2.2 Socially marketed TB drugs.

Studies will be undertaken to see if it is feasible to develop a socially marketed TB drugs. The idea is to see if the availability of mid-priced TB drugs would improve its affordability and therefore improve patient compliance. This approach would be ideal for patients who routinely come to the drugstore to purchase small quantities of loose generic TB drugs without prescription. While the pharmacist will counsel patients to undergo medical consultation or obtain prescriptions prior to selling drugs, clients who insist on buying drugs would be referred to the socially marketed generic TB drugs. The process of developing a socially marketed TB drugs is long and costly and may not be completed within the timeframe of this pilot implementation, however the initial studies required will be initiated under this project.

5.2.3 Adopt a TB patient program

This strategy is based on the active participation of the pharmacist to help in the full treatment of TB patients. It will thrive on pharmacist's sense of commitment and community service. Participating pharmacists will be encouraged to each enroll a minimum of 10 TB patients under h/her care and will be responsible in ensuring that the TB drug supply needs of these patients are adequately provided for. Drugs may come from commercial supplies for patients who can afford or from the public system for those with limited means. The pharmacist will undertake the "care" needed to get the patient fully treated. S/he can provide counseling, referrals, IEC, drug supply, and serve as a treatment partner as required.

The objective is to ensure that the needs of patients under the care of the pharmacist are fully met. There will be many variations of this strategy depending on the situation. It is important that the strategy is practical and functional. TB patients may be enlisted under the care of the NGO and assigned to the pharmacist to ensure that there is continuity of service in cases where the pharmacist is not available or the patient obtains drugs from various pharmacies. This strategy is ideal for a smaller drugstore (smaller city) where the pharmacist has adequate time to counsel and follow-up TB patients and patients develop a patronage relationship with the pharmacy..

6. Project Goal

The goal of the pharmacy-based TB DOTS initiative project is to strengthen the involvement of the pharmacies in the provision of TB DOTS services.

6.1 Project Objectives

Listed below are the primary objectives of the project.

- To provide accurate TB information to 80% TB clients (of pharmacies) through IEC dissemination
- To provide referrals and counseling to at least 80% of self medicating TB symptomatics
- To develop strong linkages with the TB DOTS centers in the 7 sites
- To improve the knowledge of NGO and pharmacy staff on TB DOTS, TB Case Management and client counseling
- To strengthen the commitment of pharmacies in the provision of TB DOTS services
- To involve pharmacies in increasing TB detection rates through pre-screening of TB symptomatics.
- To improve pharmacy drug dispensing practices

6.2 Intermediate Objectives

The strategy will be implemented in phases. The first phase will include piloting the strategy in 7 high burden urban centers for six months. Results will be reviewed and the strategy will be refined prior to national scale-up in the 20 replication sites.

Intermediate objectives of the first phase pilot implementation include the following:

- To establish partnership arrangements with at least 100 pharmacies in the seven urban centers to assist in TB IEC dissemination, client referral and counseling
- To establish partnership arrangements with at least three NGOs in the 7 urban centers who can provide coordination and management of the project.
- To develop appropriate TB IEC materials (brochures, flyers, posters, etc) for dissemination to self-medicating TB symptomatics.
- To reach at least 80% of self-medicating pharmacy clients with TB IEC, referrals and counseling
- To develop training materials and train at least 500 pharmacist and pharmacy assistants on TB DOTS, TB Case Management and Client Counseling.
- To establish collaborative arrangements between partner pharmacies, NGOs and TB DOTS center in the 7 urban pilot sites.
- To establish a management unit within Phil. TIPS to support all the activities of the project.

Log Frame of Pharmacy-based TBDOTS Initiative

Project Goal: To strengthen the involvement of the pharmacies in the provision of TB DOTS services in the 7 pilot sites

Objectives	Activities	Indicators
1. To provide accurate TB information to 80% TB clients (of pharmacies) through IEC dissemination	. engage 100 pharmacies in 7 urban sites . develop IEC materials on TB . disseminate IEC materials to TB clients . implement advocacy program . train pharmacy staff on IEC dissemination	. Existing MOUs with at least 7 local pharmacy chapters . IEC materials developed (4 brochures, 4 posters, 2 fliers) . Independent trade audit to measure reach and distribution level
2. To provide referrals and counseling to at least 80% of self medicating TB symptomatics.	. train NGO and pharmacy staff on client counseling and referral services . attend to TB symptomtics visiting pharmacy providing them referral and counseling. . develop referral system to private MDs and RHU/HC	. existence of fully developed training materials on TB DOTS, TB Case Management and Client Counseling . client intercept studies . length of client interaction
3. To develop strong linkages with the TB DOTS centers in the 7 sites	. develop collaborative arrangements with the TB DOTS centers. . referrals of at least 80% of clients to TB DOTS center for diagnostic, microscopy, recording and monitoring of clients	. number of clients referred to TB DOTS Center . number of clients provided with diagnostic or microscopy services . communication with TB DOTS centers
4. To improve the knowledge of NGO and pharmacy staff on TB DOTS, TB Case Management and client counseling	. train at least 500 pharmacy staff, and NGO staff on TB DOTS, TB case management and client counseling . establish partnership arrangements with at least 100 pharmacies. . train trainers (TOT) on TB DOTS and case management. .	. attendance record in training programs . assessment through “mystery shopper” approach . 100 partnerships established through MOUs . length of client interaction .
5. To strengthen the commitment of pharmacies in the provision of TB DOTS services	. develop advocacy program for pharmacies . develop incentives for pharmacies . develop innovative approaches like voucher system, social marketing, adopt a patient program to strengthen involvement	. number of pharmacy and NGO MOUs established . no of pharmacy incentives developed and operational . survey of pharmacies at project end
7. To involve pharmacies in increasing TB detection rates through pre-screening of TB symptomatics	. provide pre-screening to TB symptomatics . client counseling . monitoring of clients by pharmacists . referral of clients to TB DOTS Center	. existence of records identifying symptomatics . number of TB symptomatics identified by pharmacies

8. To improve pharmacy drug dispensing practices	. client counseling on the need for prescription for TB drugs . de-emphasize serving drug needs of TB clients without prescription. . BCC with pharmacy staff on responsible dispensing practices .	. in-depth interview of pharmacy staff . mystery shopper survey . client intercept studies . no of TB clients buying without prescription . no of TB clients served without prescription

6.3 Indicators

- MOUs with at least 100 pharmacies in the 7 sites by end of the 3rd month of project start-up
- MOU with at least three NGO's to provide technical support and management to project activities.
- Engagement of Ad agency to develop IEC materials
- Development of at least 3 (printed) below the line IEC materials for dissemination by professional Ad agency
- Development of training materials on TB DOTS, TB Case Management, Client Referrals and Counseling.
- TOT of at least 15 NGO staff. Training of at least 500 pharmacy staff and assistants by end of 9 months from start-up.
- Collaborative arrangements with TB DOTS center in 7 sites in place.
- Recruitment of project staff to support implementation activities.

7. Organization and Management

7.1 Phil TIPS support

Phil TIPS will provide funding support and technical guidance in the implementation of the project. The project will be organized and supported as follows:

- Program manager will be recruited to function as task manager and to provide strategic leadership for the day-to-day operations of the project. One staff assistant will assist him in the performance of his functions.
- One NGO will be engaged in each site to implement project activities and to provide technical support.
- Field Coordinators (one for each site) will be recruited to serve as monitors for the implementation of activities. Coordinators will work closely with the assigned NGO but will report directly to the project's program manager.
- Professional Ad agency will be engaged in the development of IEC materials.
- Training consultant will be recruited to develop training program, materials and assist in the implementation of training
- Survey research agency will be engaged to monitor progress and assess impact

The Technical Coordinator of the Phil TIPS project will provide technical oversight on the over-all implementation of the project. The Health Systems Analyst will provide technical direction during the implementation of activities in the 7 demonstration sites and will support the function of the program manager. The program manager will report directly to the Health Systems Analyst and will be responsible for the day-to-day management of the project (Pls. refer to Annex 6, Fig 6, page 35 for Schematic Diagram of Project Organization and Management).

The Pharmacy initiative program manager will be the main task manager for this project. His duties include the following: 1) to provide technical guidance in the implementation of project activities; 2) to be responsible for over-all implementation of activities; 3) to assist in the planning and monitoring of all project implementation functions; and, 4) to prepare and submit complete and timely reports to the project implementation activities .(Please refer to Annex 11, page 43 Job Description of Program Manager)

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7.2 NGO's role as implementing agency

NGOs will be engaged and will be responsible for the implementation of the project. At least 5-6 NGO's will be appointed to cover the 3 geographic areas, (Luzon, Visayas, and Mindanao). An MOU between the project and the appointed NGO will be established and will cover the contractual arrangements between the parties. Management fees will be provided to the implementing NGOs as compensation for their role in the implementation of project activities.

7.3 Partner Pharmacies

At least 100 pharmacies will be recruited and engaged to assist in the implementation of activities. To guide the implementation, a separate MOU will be established between Phil TIPS and the local pharmacy association chapter to cover the terms of engagement[7].

7.4 Collaborations with other Cooperating Agencies

The two agencies that have been involved in the TB work directly or indirectly are PATH Philippines and World Vision. PATH has already developed the infrastructure in the 8 major urban centers working directly with pharmacies and local pharmacy associations. They have already developed strong working relationships with their partners and may be able to provide valuable information to improve implementation. World Vision having worked in strengthening TB service delivery in the field for so many years has a lot of staff resources and materials that could also be valuable for the project.

8. Monitoring and Evaluation

8.1 Trade audit and syndicated surveys

Regular monitoring of drugstore performance is essential to measure the success of the project. It is not sufficient that drugstores are left with the physical distribution of materials without monitoring their reach or effectiveness. This may be done through the use of customized trade audit or the use of syndicated surveys like omnibus surveys. It is suggested that a consumer survey research organization be engaged on a competitive basis to undertake all the needed survey requirements of the project particularly the repetition of the baseline survey (in-depth and mystery shopper) during the year. There are 2 consumer survey organizations that are best qualified to provide this service to the project (e.g., AC Nielsen, NFO Trends).

[7] Please refer to Annex 8 – Sample MOU between Phil. TIPS and Pharmacies

8.2 Mid-term-Final Evaluation

Mid-term and Final Evaluations of the Phil TIPS project would also measure performance and the effectiveness of project implementation. These evaluations will be useful in refining the strategies or for making mid-stream strategy-shifts to improve implementation.

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8.3 Reporting System

A simplified reporting system will be developed to monitor project implementation. Efforts will be done to ensure that reports are easy to accomplish and will not compete with the limited time of pharmacists or NGOs. Partner NGOs and pharmacists will be required to submit monthly progress reports. NGOs will assist in the completion of project reports.

9. Workplan and Timeline.

The pharmacy based DOTS model will be implemented in the next 24 months and will include the following phases in its implementation.

WORKPLAN AND TIMELINE

	2003				2004				2005			
	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q
I. PROJECT PREPARATORY PHASE												
A. Rapid Field Survey for baseline information												
Develop strategy for rapid field survey												
Develop instruments needed for survey												
Collect field survey data												
Analyze data and summarize findings												
B. Development of Pharmacy based DOTS strategy												
Develop comprehensive strategy with budget guides												
Discuss strategy and obtain concurrence among stakeholders												
Refine and finalize strategy												
Develop budget and obtain concurrence												
C. Organize, recruit staff,												
Recruit staff												
Identify partner pharmacies, NGO partners												
Establish project management unit												
II. PROJECT IMPLEMENTATION PHASE												
A. Preparatory Activities												
Short-list partner pharmacies , develop MOU												
Finalize MOU with collaborating NGO												
Finalize subcontract with Training Institution												
Finalize subcontract with Ad Agency for IEC Development												
B. Development of IEC Materials and Training Program												
Develop training program for partner pharmacist and NGOs												
Develop and pretest IEC materials												
C. Implementation of Activities in Pilot Sites												
Implement dissemination of IEC Materials												
Implement Client Counseling and Referrals												
Implement TOT for NGO partners												
Implement Training of Pharmacists and PA by NGOs												
Implement Innovative Strategies for Drugs supply												
Implement networking with TB Dots Center												
III. Monitoring and Evaluation												
Review/refine strategy												
Prepare strategy for national scale-up (22 sites)												
IV. National Scale-up												

Notes:

A. Preparatory Phase	*2 months (Aug-Sept 03)*
B. Development of IEC, training	*2 months (Oct-Nov)*
C. Implementation	*6 months (Dec – May)*
D. Evaluation	*1 month (June)*
E. Scale-up (22 sites)	*12 months (July 03 -July 04)*

10. Budget

10.1 Description of Project Inputs

10.1.1 Personnel

Item	% of Time	LOE (P/M)
1. One Program Manager	100	12/12
2. Six Field Coordinators (one per site)	100	12/12
3. One Staff Assistant	100	12/12
TOTAL		

10.1.2 Project Activities

10.1.2.1 IEC

A professional Ad agency will be engaged to develop IEC materials through a competitive bid process. Below is the list of IEC materials that will be developed. Dissemination of these materials will be under the responsibility of the partner pharmacies under the supervision of the NGO.

1. Development costs of IEC Materials
    a. Brochure (2 kinds)
    b. Poster (4 kinds)
    c. Flyer (2 kinds)
2. Production
    a. Brochure (50,000 pcs) each
    b. Poster (5,000 pcs.) each
    c. Flyer (50,000 pcs) each
3. Dissemination of IEC materials
    a. 100 partner pharmacies in the 7 sites will be responsible for distribution
    b. 5 - 6 NGOs will be engaged to assist the pharmacies with this function.

10.1.2.2 Training

A local training consultant will be hired to develop training materials. NGO staff and some selected pharmacy staff will be recruited as trainers (30 trainers). The local consultant will conduct TOT training for the 30 trainers. The 30 trainers will handle the training of 300 pharmacy staff from the 100 partner pharmacies under the supervision of the training consultant.

1. Development of training materials
    a. Training Consultant (STTA) , LOE : 30 days) Local
    b. Pre-test materials
3. Production of training materials
    a. TOT training (30 participants)
    b. Pharmacy staff training (600 participants)
4. Implementation of training

a. TOT training (30 participants), 2 sessions. First session: TB DOTS and TB Case Management; 2nd session: Client Counseling. Venue: Cebu ; Duration : 3 days for each training session. Total : 6 days
b. Training of Pharmacy staff (3 sites) 300 participants
    i. First training session covers TB DOTS and TB Case Management (3 days)
    ii. Second Training session : Client counseling, (3 days)
    iii. Each session: 300 participants: Total 600 participants for 2 sessions. (Total : 6 days)

10.1.2.3Subcontract

Subcontract arrangements (MOU) with the following agencies will be developed and implemented:

1. NGO – at least 6 NGOs will be engaged in the implementation of the project (One each for the following areas: 1) NCR/ QC; 2) Cavite; 3) Iloilo, 4)Cebu; 5) Dagupan; 6)Cag de Oro; and 7) Davao. Management fee or percentage of indirect cost will be paid to NGOs for implementing the project.
2. Ad Agency – one local ad agency will be engaged to develop IEC materials. Cost of subcontract will depend on the kind and quantity of the materials that will be produced. Normally agency fees are computed as percentage of total development and production costs. (Pls. refer to list of IEC materials).

10.1.2.4 Monitoring

Monitoring of project implementation activities will be provided for: Allowance for field travel of Phil TIPS Technical Coordinator and Health Systems Analyst in the 7 field sites will be provided. Budget allowance for 2 trips within the 12 month period will be provided. One trip for the Training Advisor and Communications Advisor will also be provided within the duration of the project

10.1.2.5 Evaluation

- One Trade Audit will be undertaken within the year. The purpose of the trade audit is to measure the level of distribution and reach of IEC materials in the 7 implementation sites. Trade Audit will be performed by a local survey research agency under an STTA mechanism.
- The baseline survey on pharmacists and pharmacy assistants through in-depth interviews and “mystery client” approach will be repeated at the end of the 6th month implementation. This survey will measure changes in knowledge, attitudes, dispensing practices, client knowledge and buying behavior.
- Mid-term evaluation will also be undertaken to verify the effectiveness of the over-all strategy, impact of the project and refinements that have to be made prior to the national scale-up. This will be conducted at the end of the 6th month implementation period. A consultant will be hired through an STTA mechanism.

10.1.2.6 Technical Assistance (International)

Technical support will be provided during the course of project implementation. One International Consultant will be engaged on a short-term technical assistance arrangement to provide technical backstopping for project implementation. Total LOE is 30 days for the 12 months period.

Notes:

10.1 Estimated Budget (Summary) (for 7 demonstration sites) USD

- *Personnel Costs* *35,000*
- *IEC* *20,000*
- *Training* *30,000*
- *Subcontract* *40,000*
- *Evaluation* *15,000*
- *Implementation* *70,000*
- *TA* *40,000*

  - *Total* *250,000 USD*

Annex 1

Best Practices Involving Pharmacies in the Philippines

Review of relevant experience in the use of pharmacies for reaching self-medicating clients.

Available information on the use of drugstores for reaching self-medicating clients is still limited. The experience in the two interventions in the Philippines can provide insights and lessons for the development of the pharmacy based TB DOTS strategy. .

Example 1

PHARMACY INVOLVEMENT IN THE PROMOTION/SALE OF STD SYNDROMIC KITS
In the Philippines

In 1999, PATH Philippines through its ASEP (Aids Surveillance and Education Project) established a network of 81 partner pharmacies in 8 major urban centers in the Philippines. These pharmacies promoted the syndromic case management for STD clients particularly among male symptomatics. Pharmacies responsibilities included the counseling of STD clients seeking treatment, the dissemination of important and accurate information on STD and referrals to medical providers as needed. PATH provided IEC materials, counseling materials and training to enable pharmacy staff to perform their duties.

The role of pharmacies has long been recognized as a powerful link in the health care service delivery. Because they are most accessible and trusted, they have been increasingly sought by many for medical advice.

PATH's experience in the 8 key cities demonstrated the success of client counseling provided by pharmacist. For the first six months of 1999, pharmacy staff were able to counsel and convince over 80 %, of walk-in STD symptomatics (male) without prescriptions to purchase Triple S kits (complete syndromic management kit containing full regimen antibiotics, condoms, partner cards and STD information)

The partnership established among 81 community pharmacies has demonstrated that this frontline service point for self-medicating symtomatics has proven very effective in reaching STD clients. In Angeles, the participating pharmacists have persuaded more than 90% of those who routinely purchased 1-2 capsules of antibiotics for STD treatment to buy the complete treatment regimen provided by Triple S. This was a major contribution in curtailing the rapidly increasing antimicrobial resistance in the country.

Another similar intervention using pharmacies in the Philippines was piloted in November 1999. PATH in collaboration with DKT International with funding support from Packard Foundation launched a project to expand contraceptive choices among couples. This involved the promotion of Emergency Contraceptive Pills (ECP) an alternative contraceptive method for women. The project was implemented through the pharmacy network of 500 pharmacies in key urban cities. Some of the key results of the intervention include the following:

Example 2:

Drugstore involvement in Expanding Contraceptive Choices through ECP
In the Philippines

This project involved more than 500 pharmacies in the 8 urban centers : Angeles, Pasay, Iloilo, Cebu, Davao, General Santos and Zamboanga. Over 2,000 pharmacy staff and 72 NGO staff were trained on family planning, contraceptive management and emergency contraception.

The partnership with these pharmacies was able to provide the project a number of advantages. This includes the following: a) it facilitated the cooperation of member pharmacists to support the objectives of the project; b) it fostered a sense of ownership lending genuine interests in the implementation of activities; c) it enabled the partners to share valuable information about clients buying practices regarding emergency contraception; d) it enabled the association to implement training cost effectively in each area involving wider support from the private sector and the local community; e) it provided the climate for a strong and healthy collaborative relationships in the marketing of contraceptive methods particularly ECP; f) it enabled the pharmacy staff to provide extra attention towards the promotion of family planning particularly ECP; and, g) it allowed them to spend adequate time in counseling walk-in clients needing contraceptive information.

The extensive counseling services provided by the partner pharmacists expanded service delivery making contraceptive information and services accessible to the hard to reach population groups who bypass the formal delivery structure.

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As a result of the intervention, over five thousand clients were reached with essential family planning and reproductive health messages through counseling and many more were reached through drugstore dissemination of print media. For the initial two hundred clients who purchased ECP, unwanted pregnancy was prevented and the likelihood of abortion reduced.

Annex 2

TARGET AUDIENCE OF THE PHARMACY-BASED TB DOTS INITIATIVE

1. Project beneficiaries

The primary target audience and beneficiary of this project are the self medicating TB clients who go straight to pharmacies to obtain drugs by-passing medical providers. Current estimates indicate that there are 10.1 M TB clients under this category in the 22 replication sites of the project (Pls. see Table 2).

The secondary target audience are the pharmacies and NGOs who would enter into a partnership arrangement with the project to provide IEC, referrals and counseling to clients. These pharmacy and NGO staff do not have any training in TB DOTS and will benefit from the training provided under this project. It is estimated that 100 pharmacies and 5-6 NGOs will join the initial pilot implementation in the 7 urban sites. Five hundred pharmacists and pharmacy assistants will be trained on TB Case Management and Client Counseling under this project.

1.1. Target Pilot Implementation Sites

Table 1

SEVEN DEMONSTRATION SITES FOR PHARMACY BASED TBDOTS MODEL

		PTB Cases		PTB Morbidity	
CITY	**POPULATION**	**NO***	**RATE**	**NO.***	**RATE**
DAGUPAN	130, 328	166	128	54	41.6
QUEZON CITY	2,173,831	7,793	381	525	25.6
CEBU CITY	718,821	1,766	256	293	42.5
ILOILO CITY	365,820	717	206	172	49.3
CAGAYAN DE ORO CITY	461,877	2,799	613	122	26.7
DAVAO CITY	1,147,116	3,787	356	362	34
GEN SANTOS CITY	411,822	995	276	127	35.3
ANGELES CITY	263,971	1,163			

Source: PHS 1997

** per 100,000*

1.2 Target TB Self-Medicating Clients

Table 2

CITY	POPULATION (2000)	MORTALITY (1997)		MORBIDITY (1997)		SELF-MEDICATING
		NO.[1]	RATE[1]	NO.	RATE	x 0.25
DAGUPAN	130,328	54.00	41.569	166.00	127.8	41.50
MANILA	1,581,082	1,010.00	62.538	15,524.00	961.2	3,881.00
QUEZON CITY	2,173,831	525.00	25.639	7,793.00	380.6	1,948.25
CABANATUAN	222,859	70.00	33.386	113.00	53.9	28.25
BATANGAS CITY	247,588	73.00	33.33	62.00	28.3	15.50
SAN PABLO	207,927	0.00	0	225.00	118.3	56.25
LUCENA	196,075	58.00	30.928	461.00	245.8	115.25
PUERTO PRINCESA	161,912	38.00	27.225	450.00	322.4	112.50
NAGA	137,810	62.00	46.478	198.00	148.4	49.50
LEGAZPI	157,010	61.00	40.785	409.00	273.5	102.25
ILOILO CITY	365,820	172.00	49.345	717.00	205.7	179.25
BACOLOD	429,076	211.00	49.735	727.00	171.4	181.75
CEBU CITY	718,821	293.00	42.471	1,766.00	256	441.50
TACLOBAN	178,639	101.00	55.739	-	-	0.00
CAGAYAN DE ORO	461,877	122.00	26.72	2,799.00	613	699.75
DAVAO CITY	1,147,116	362.00	34.082	3,787.00	356.5	946.75
BAGUIO	252,386	26.00	10.515	-	-	0.00
ROXAS	126,352	47.00	37.405	161.00	128.1	40.25
GENERAL SANTOS	411,822	127.00	35.28	995.00	276.4	248.75
LIPA	218,447	50.00	27.211	130.00	70.7	32.50
OZAMIZ	110,420	44.00	41.57	417.00	394	104.25
PASIG	505,058	181.00	36.585	2,013.00	406.9	503.25
OROQUIETA	59,843	35.00	60.788	539.00	936.1	134.75
SAN FERNANDO	102,082					0.00
DUMAGUETE	102,265	36.00	36.895	87.00	89.2	21.75
TARLAC	262,481	473.00	48.245	951.00	97	237.75
CAVITE CITY	99,367	45.00	49.162	98.00	107.1	24.50
TOTAL	10,768,294	4,276.00		40,588.00		10,147.00

[1]Per 100,000 population

50% of those currently sick are not seeking treatment. Half of those who are seeking treatment are sekf medicating

2. Profile of Potential Pharmacy Partners

2.1 Pharmacy Partners

There are over 7,000 registered pharmacies in the country; four thousand are official members of the Drugstore Association of the Philippines (DSAP). It is expected that not all drugstores will be attracted or will be willing to participate in the program. Over 40% of all drugstores in the country belong to a chain. There are many chains of drugstores, (e.g Mercury, Rose, Watson, etc), the largest is Mercury Drugstore with over 2, 000 outlets spread throughout the country. While Mercury drugstore chain serve over 40% of private sector TB drugs, experience suggest that they are less likely to participate in this program. Past attempts to include Mercury drugstores have not been successful. The potential partners of this program are the medium size independent drugstores who in the past have collaborated in similar initiatives. .

2.2 Suggested Drugstore Selection Guidelines

Twenty replication sites have been identified and will be the focus of this intervention. These sites were selected based on their high TB morbidity and mortality rates. Among these sites, seven, were identified for rapid appraisal. These sites were chosen because of presence of TB DOTS centers that will provide the diagnostic and microscopy services to clients.

From these sites, potential drugstores will be identified and will be encouraged to join the program based on the following criteria:

- Strategic location
- Number of TB clients
- Willingness to participate
- Currently selling TB drugs
- Have pharmacist on staff including at least 2-3 pharmacy assistants

Annex 3

KEY FINDINGS FROM PHARMACY STUDY

One hundred seventy pharmacists, pharmacy owners and pharmacy assistants in seven urban sites were surveyed to verify TB DOTS knowledge, training, dispensing practices, attitudes and general behavior with regards to their management of TB clients.

A. Respondents:

TOTAL NUMBER OF RESPONDENTS

	CDO	CEBU	DAGUPAN	DAVAO	GEN SAN	ILOILO	QC	TOTAL
No. of Pharmacists Interviewed	14	10	11	13	11	12	13	84
No. of Pharmacy Assistants Interviewed	7	11	10	10	10	10	6	64
No. of Pharmacy Owners Interviewed	3	2	3	0	3	0	2	13
No. of Pharmacies Visited for KII	11	12	12	11	12	13	15	86
No. of Pharmacies Visited for MS	25	26	24	24	24	25	22	170

B. Key Findings

Below are the key findings of the study as determined from the field interviews and mystery shopping activities:

B1. Pharmacist and pharmacy assistants (PA) knowledge of TB and TB DOTS

All of the pharmacists and more than 92% of the pharmacy assistants interviewed said they are familiar with the disease tuberculosis. However almost all of these pharmacists and PAs (92%) were unable to answer correctly when asked when TB is transmitted.

Majority of both pharmacists and PAs know that TB is transmitted through respiratory droplets suspended in the air (airborne) although there was one PA who said that it could be acquired through sexual intercourse.

When asked how TB is detected the most frequent answer given among pharmacists is through chest x-ray. Among PAs, the most frequently given answers were chest x-ray and physical examination. Detection of TB through sputum exam was one of the most frequent answers given in only Iloilo City among pharmacists and in Iloilo and Quezon City among pharmacy assistants.

When asked regarding the duration of treatment, 46-79% of pharmacists answered 6 months while 35-64% of the Pas answered the same.

Only 16% of the pharmacists interviewed and 13% of the PAs claimed to have heard of TB DOTS. Pharmacy assistants who have heard of TB DOTS came from only four out of the seven study sites

(Cagayan de Oro, General Santos, Iloilo, Quezon City). In Iloilo, where World Vision has been active in the training of TB DOTS, only a third of the PAs surveyed have heard of TB DOTS.

B2. Pharmacist/PA Experience and Training

Seventy-nine out of 83 (95%) of the pharmacists interviewed are holders of a degree in B.S. Pharmacy, while the rest are college graduates of different courses (i.e. Engineering, Biology). Among pharmacy assistants, 90% have reached college or have taken a vocational course.

Although 72% of the pharmacists reported having undergone any health training, only 10 out of 81 (12%) have received training on TB. Among pharmacy assistants, 40% were able to undergo any health related training while only 2 out of 64 (3%) have received training on TB.

Only 13% of the pharmacists as well as the PAs interviewed have worked for less than a year in their present place of work.

B3. Pharmacy Dispensing Practices

a. Prescription

According to the interviews, 86% of pharmacists ask for prescriptions when dispensing anti-TB drugs while 86% of pharmacy assistants claim to do the same. Results from the mystery shopping activity, however, show that only 60% of pharmacy personnel ask for a prescription from clients who want to buy anti-TB drugs while more than half or 51% sold anti-TB drugs to a client even without a prescription.

Both pharmacists and PAs admitted that they allow clients who are familiar to them (i.e. regular buyers) to buy drugs without presenting a prescription. This is especially true if they feel the clients are buying for “maintenance” purposes.

49 out of 83 (59%) pharmacists reported having clients who ask to reduce the number of drugs prescribed to them by their doctor. Among pharmacy assistants, 51 out of 64 (80%) reported the same. Ninety-two percent of pharmacists and 76% of PAs admitted to complying with this type of request.

69 out of 82 (84%) pharmacists reported having clients who ask to reduce the quantity of drugs prescribed to them by their doctor. Among pharmacy assistants, 57 out of 63 (91%) answered the same. 96% of pharmacists and 87% of PAs admitted to complying with this request.

b. IEC

Very few pharmacies have available IEC materials on TB. Among the pharmacists interviewed, only 9 out of 77 (or 12%) said they had IEC materials on TB while among pharmacy assistants, only 5 out of 64 (or 8%) admitted the same.

c. Counseling

When asked if they provided counseling to clients, 83% of the pharmacists answered that they did while 69% of pharmacy assistants answered the same. Counseling incidence seems to be highest in General Santos (100%) and Cagayan de Oro (92%) among pharmacists and Cagayan de Oro (100%) and Davao (80%) among pharmacy assistants. However, most of the respondents' understanding of counseling seems to be limited to giving the clients advice on how to take their medication.

Results from the mystery shopping activity, however, show that counseling (how to take medication, compliance with recommended dosage and length of treatment, consequences of not taking drug regularly, side effects of the drug) occurred in only 6-7% of the pharmacies visited. Counseling was most frequent in Davao and General Santos while no incidence of counseling was reported in Cagayan de Oro and Cebu City.

Counseling on TB transmission, in particular, was given in 9 out of the 86 pharmacies (11%) visited and was most frequent in Davao where it was given in 7 out of 12 pharmacies.

d. Referral

When asked if they referred clients to private doctors, rural health units (RHUs) or health center (HCs), 80% of the pharmacists answered they did while 77% of the PAs answered the same. Referral incidence seems to be highest in General Santos (100%) and Dagupan (91%) among pharmacists and Davao (90%) and Cagayan de Oro (86%) among pharmacy assistants.

Results from the mystery shopping activity show that referral to private doctors occurred in 63% of the pharmacies visited while referral to RHUs or health centers occurred in 16% of the pharmacies visited.

e. Sales incentives/discount/credit

Less than half of the pharmacists (27%) and PAs (38%) interviewed said that they gave discounts on anti-TB drugs to clients. Likewise, volume discounts are also provided by only a minority of the pharmacies and furthermore, are not seen to affect the amount of drugs clients purchase.

Less than 25% of the pharmacies visited provide credit to clients. Moreover, credit is usually only provided to regular or long-time customers or friends of the pharmacy owners.

f. Length of client interaction

Both pharmacists and PAs estimate that the average amount of time they spend in dealing with each client asking or buying anti-TB drugs is 3 minutes. Time spent with clients does not vary much between cities. However, the average amount of time PAs spend with TB clients is somewhat less compared to that of pharmacists' (2.7 to 3 minutes).

The average amount of time clients have to wait for before they are attended to by pharmacy personnel is 4 minutes.

B4. Client Buying Practices

Pharmacists and PAs estimate that an average of 6-7 out of 10 clients of anti-TB drugs buy their medication with prescription.

Majority of the pharmacists and pharmacy assistants interviewed reported that clients who preferred generic drugs over branded drugs did so because they found generic drugs to be more affordable. Among those clients who preferred branded over generic, almost 50% of both groups replied that this was because clients viewed branded drugs as more effective than generic ones. Another reason also frequently cited for buying branded rather than generic is that it was what the doctor prescribed.

According to pharmacists and PAs, 5 out of 10 customers thought that generic drugs were of lower quality than branded drugs.

More than a third of the pharmacists and PAs interviewed reported that most of their clients purchased anti-TB drugs for a weeks supply. However, some of the respondents (20%) also answered that most of their clients bought supplies of anti-TB drugs good for a month. None of the respondents observed clients purchasing drugs at any one time for more than a months supply.

B5. Client Perceptions

a. Affordability

Both pharmacists and pharmacy assistant reported that 5 out of 10 clients seemed to find the cost of anti-TB drugs expensive. However, only a minority of these clients were reported to complain about the quantity of drugs they need to buy. This is probably because majority of clients buy the drugs in small amounts (some clients were observed to buy drugs for less than 3 days supply). Thus, while clients do not seem to find the cost of anti-TB drugs expensive, the general amount of drugs being bought per transaction would seem to indicate otherwise.

b. Stigma

Twenty-seven percent of pharmacists and 32% of PAs reported that they encounter clients who are shy or hesitant in asking for or buying anti-TB drugs. One reason for this, given during the FGD discussions, may be that clients themselves are unaware that they have TB since sometimes their doctors do not tell directly them. The minority of clients who are shy or hesitant to ask for anti-TB drugs tend to either ask for *"vitamins para sa baga"* (vitamins for the lungs) or tell pharmacists they are buying for friends or relatives. Others may simply present their prescription without saying anything or whisper when placing their request.

B6. Providers Prescription Practices

Among the pharmacists and PAs interviewed, it was reported that about a third of attending physicians tend to prescribe a month's supply of anti-TB medications to their clients. However, there are also around 26-34% of doctors who were reported to prescribe 6 months supply of anti-TB drugs.

Annex 4

Potential Pharmacy Partners in the 7 Implementation Sites

The pharmacies listed below have been the respondents of the rapid field appraisal. Baseline information on these pharmacies has already been obtained and will be helpful in evaluating performance.

1. CEBU CITY

    - Cebu Ever Drug
    - Diding Pharmacy
    - Gaisano Main Pharmacy
    - Dayang Pharmacy
    - Llorente Pharmacy
    - Uptown Drugstore
    - Letty Pharmacy
    - Rose Pharmacy
    - Doctor's Choice
    - Farmacia de Capitol
    - Watson's Pharmacy
    - La Nueva Pharmacy

2. ILOILO CITY

    - San Roque Drugstore
    - Miscellaneous Drugstore
    - Ferj;s Pharmacy
    - POM's Pharmacy
    - Paul and Glory Pharmacy
    - Lifeline Pharmacy
    - Lady Pharmacy
    - V-Med Pharmacy
    - Ivory
    - EVZ Pharmacy]
    - Medicus Pharmacy
    - Erle Pharmacy

3. DAVAO CITY

    - Ricardo Limso Medical Center Pharmacy
    - Mercury Drug (Bolton)
    - Mercury Drug (lapu-lapu)

- Rose Pharmacy (Ilustre)
- Allied Drug
- ASP Pharmacy
- Farmacia Southern (Br. 6)
- Amesco Bonifacio Pharmacy
- Farmacia Sta. Ana
- Davao Union Drug
- Davao Save Here Pharmacy

4. CAGAYAN DE ORO

- C & k (Br. 1 & 2)
- Dynamic Pharmacy
- Fair Drug
- Shining Pharmacy
- Country Drug
- Rose Pharmacy
- Mercury Drug (Limket kai)
- Sabal Hospital Pharmacy
- Oro Pharmacy
- Naggina Drugstore

5. QUEZON CITY

- C & N Drugstore
- Emilene's Drugstore
- EC Drugstore
- Express Drug
- Meadows Drug
- Mercury Drug (Fairview)
- OTC Drugstore
- Save More Drug
- Shop-a-Drug
- Shoppesville Drugstore
- Super K Drug
- Tropical Hut Drugstore
- Centerpoint Drugstore
- Adcare Pharmacy
- Super K Drug

6. CAVITE

- Pharmacies to be determined.

7. DAGUPAN

- Farmacia Flor
- St. Joseph Drugstore
- Abundance Drugstore
- Cyclone Drugstore
- D&D Drugstore
- Shanel Drugstore
- Roslin Pharmacy
- St. Vincent Pharmacy
- Maia Pharmacy
- Mercury Drug
- Farmacia Urduja
- Pong's Drugstore

Annex 5

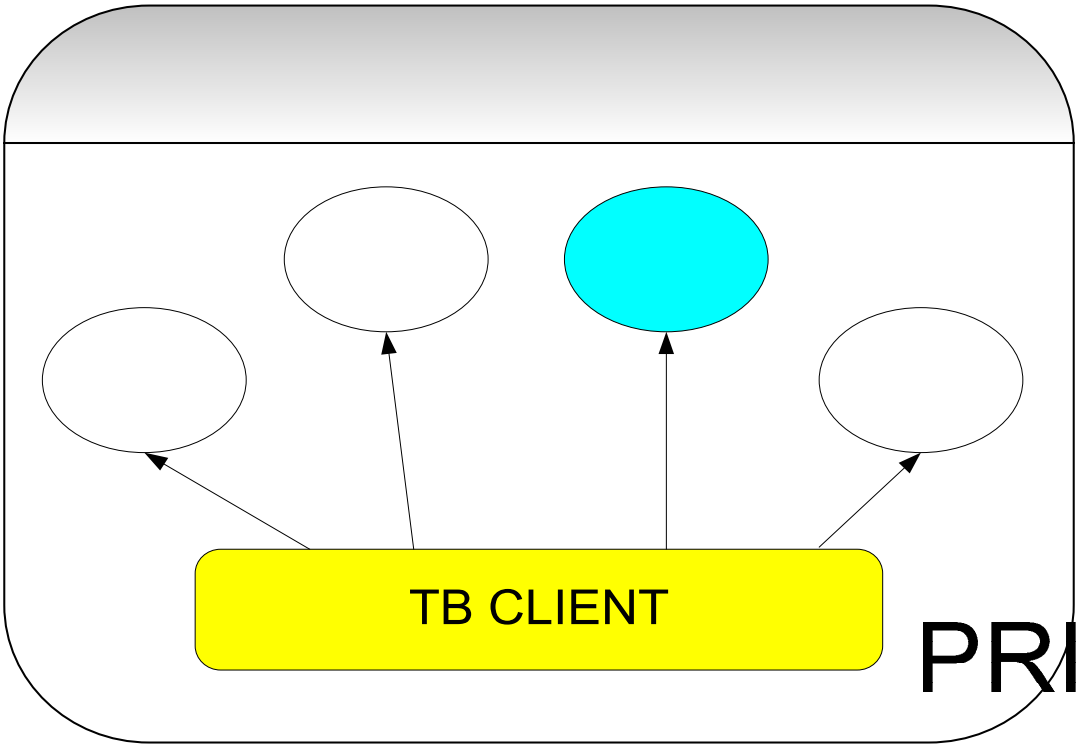
List of Potential NGO Partners

These NGOs have been working on family planning or TB programs in the field and are familiar with the

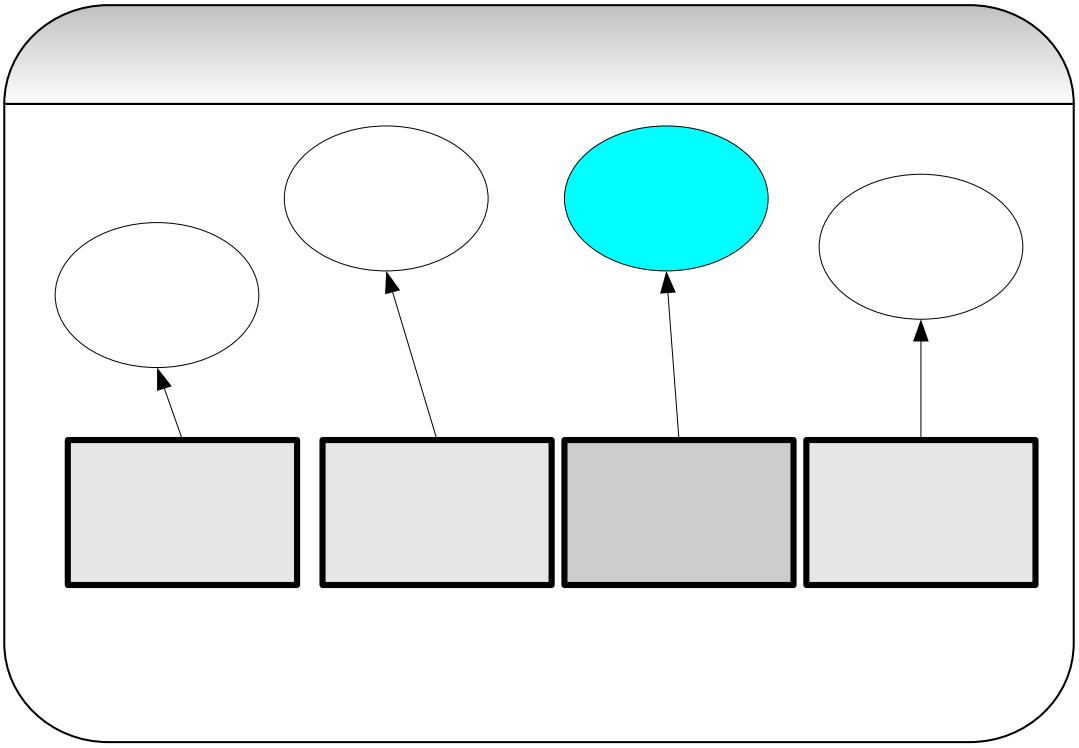
Implementation Sites	Potential NGO Partner
1. Cavite	Kabalikat
2. Quezon City	Kabalikat
3. Dagupan	TBD
4. Iloilo City	Kabalaka Foundation
5. Cebu City	Bidlisiw
6. Cagayan de Oro City	TBD
7. Davao City	Waves Foundation

Annex 6

Schematic Diagram of the Pharmacy Based TB DOTS Initiative



PRIVATE



WORK BASED

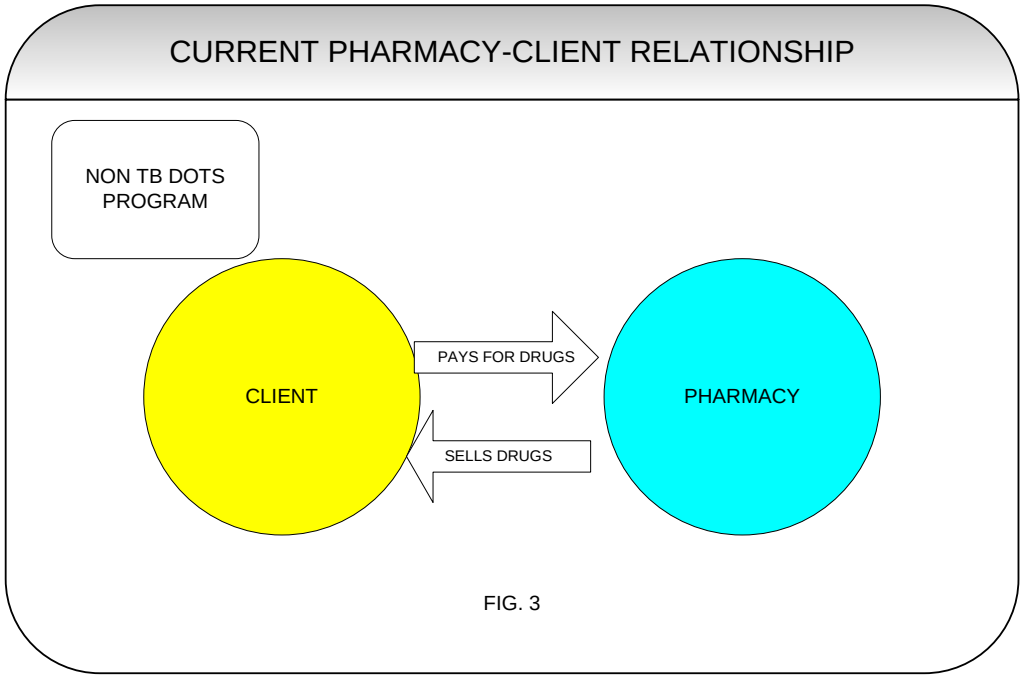

CURRENT PHARMACY-CLIENT RELATIONSHIP
NON TB DOTS PROGRAM
CLIENT
PAYS FOR DRUGS
SELLS DRUGS
PHARMACY

FIG. 3

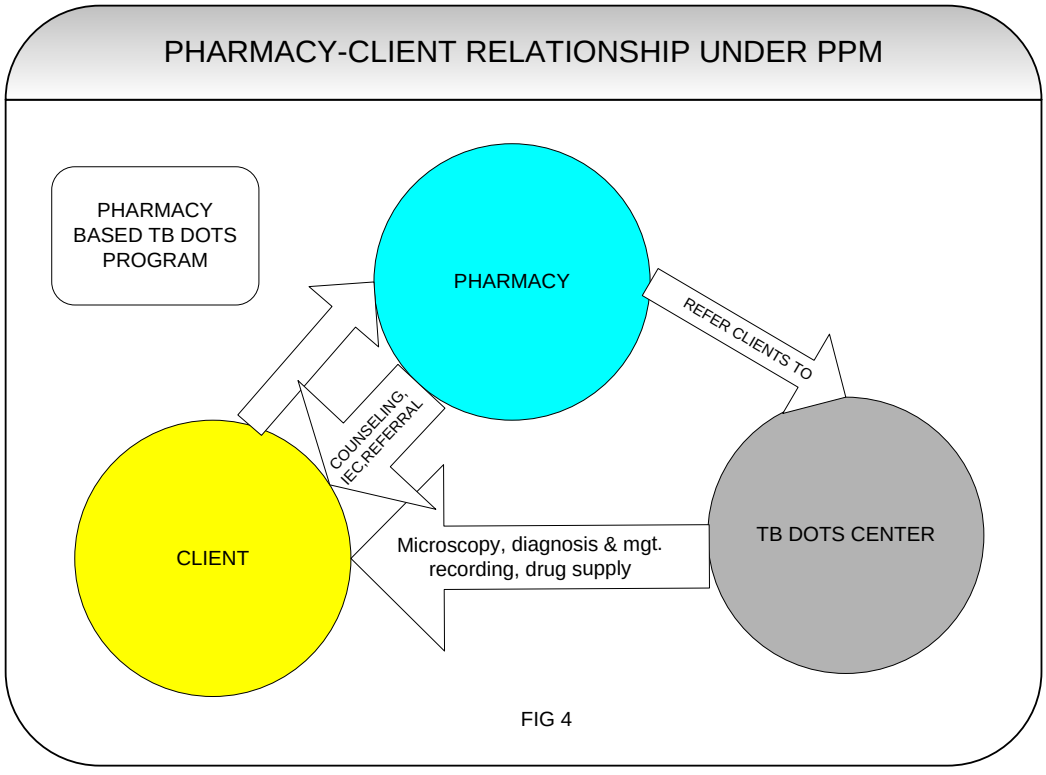
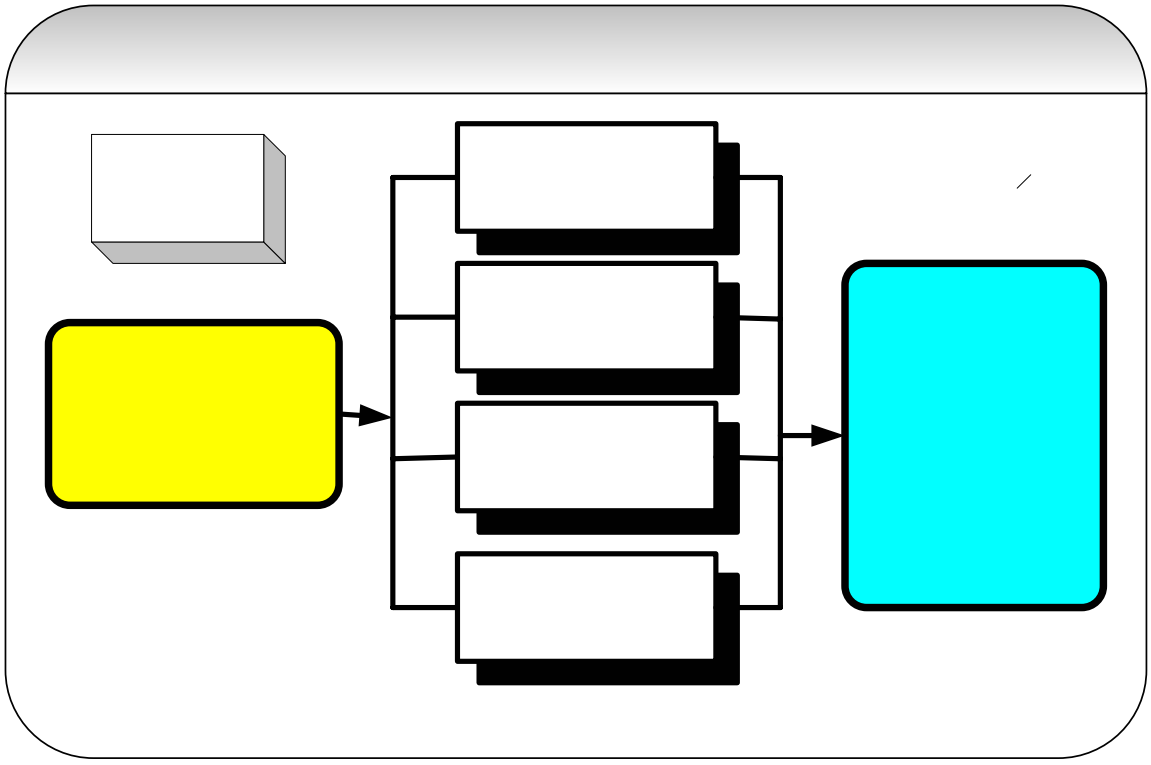

PHARMACY-CLIENT RELATIONSHIP UNDER PPM
PHARMACY BASED TB DOTS PROGRAM
PHARMACY
REFER CLIENTS TO
COUNSELING, IEC,REFERRAL
CLIENT
Microscopy, diagnosis & mgt. recording, drug supply
TB DOTS CENTER

FIG 4



PPM DOTS
PROGRAM

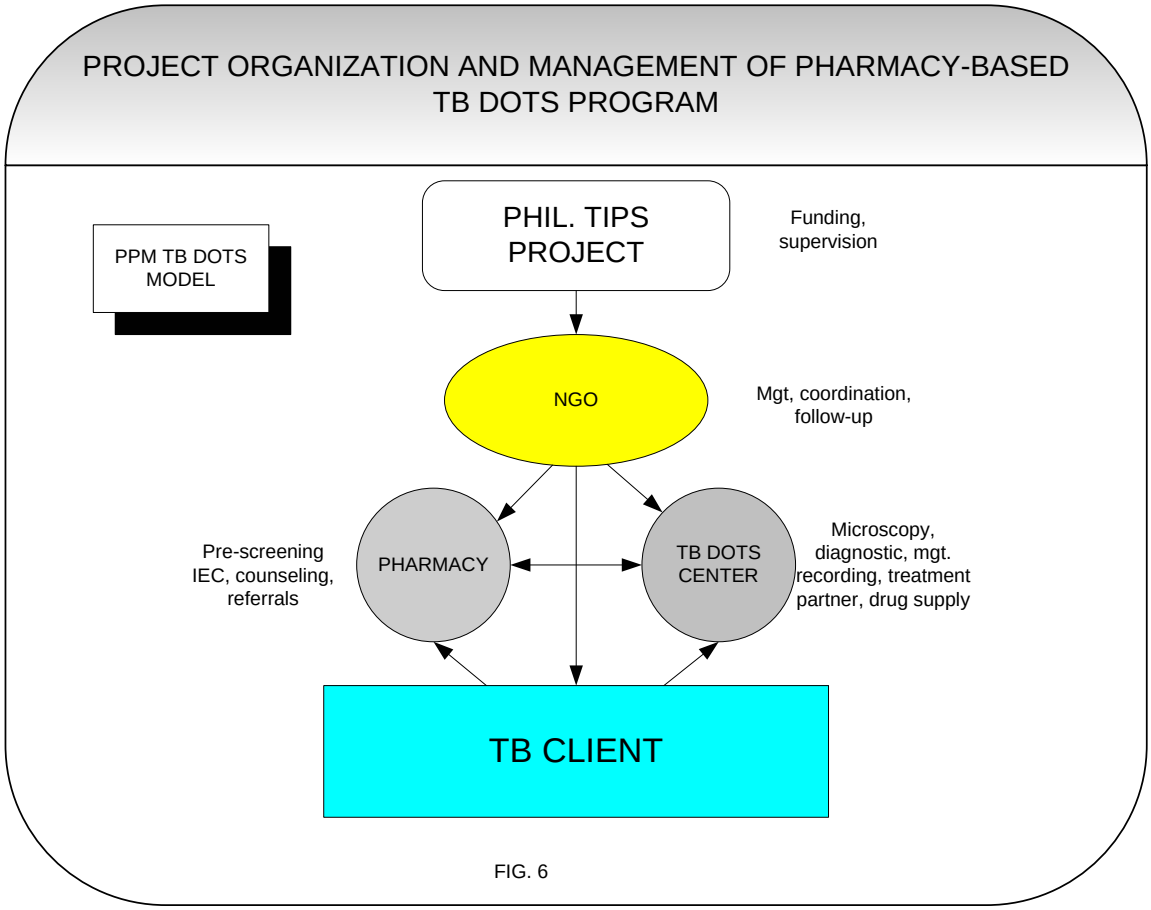
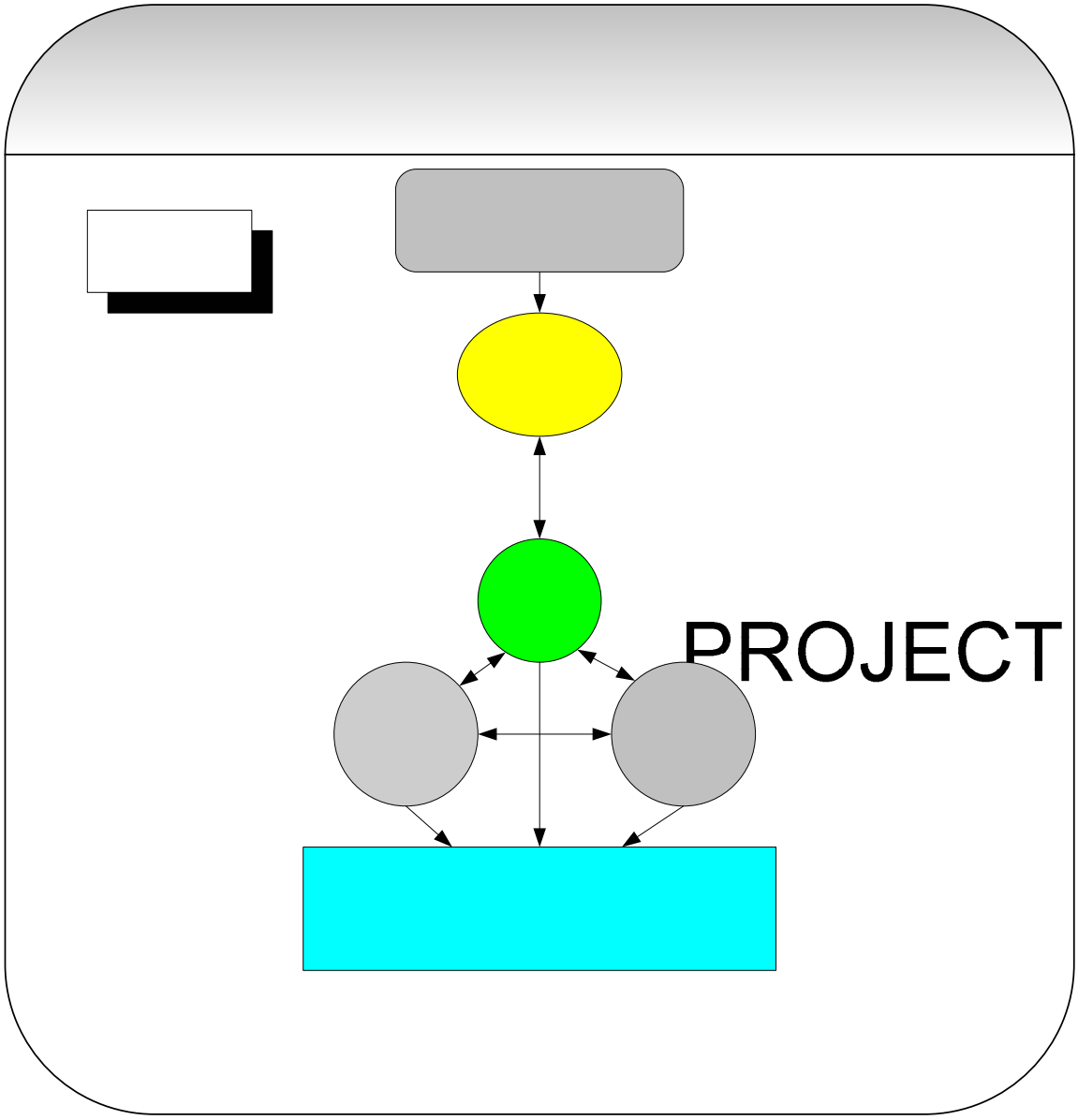
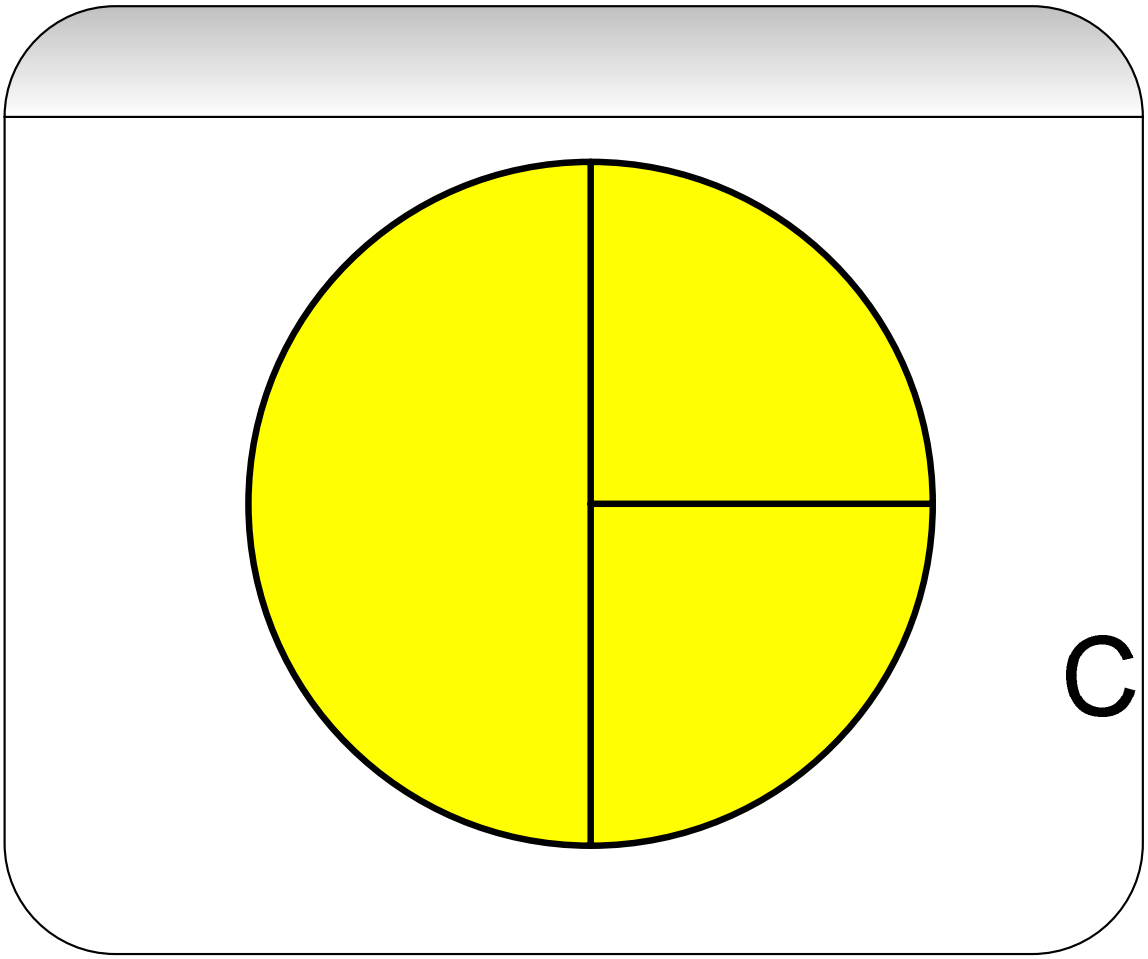

PROJECT ORGANIZATION AND MANAGEMENT OF PHARMACY-BASED TB DOTS PROGRAM
PPM TB DOTS MODEL
PHIL. TIPS PROJECT
Funding, supervision
NGO
Mgt, coordination, follow-up
Pre-screening IEC, counseling, referrals
PHARMACY
TB DOTS CENTER
Microscopy, diagnostic, mgt. recording, treatment partner, drug supply
TB CLIENT

FIG. 6



PROJECT ORGA

PPM TB DOTS
MODEL



CURRI

Annex 7

(Sample Memorandum of Understanding
Between Phil. TIPS and NGO)

MEMORANDUM OF UNDERSTANDING

1. Parties

The Philippine TIPS project and NGO _____, hereinafter referred to as "designated agency", agree to cooperate in the implementation of the pharmacy based TB DOTS Initiative activities in the following geographic areas:

The Phil TIPS project aims to strengthen the involvement of the pharmacies in the provision of TB DOTS services in the above mentioned geographic areas through their participation in the dissemination of IEC, provision of referrals and client counseling on Tuberculosis to Tb clients.

The designated agency, _____(name) is . currently involved in the _____ _____and has established its operation in these areas.

2. Period of Cooperation

The period of cooperation shall be for two years, commencing the first day of _____ (month) _____(year) until the last of ____ (month)_____(year).

3. Objectives :

- To identify and establish partnership arrangements with at least 40 pharmacies in the following areas: _____
- To assist in the training of pharmacy staff on TB DOTS strategy, TB case management and client counseling
- To monitor the dissemination of TB IEC materials, client counseling, referrals and other responsibilities assigned to the cooperating pharmacies in the program
- To establish collaborative arrangements between partner pharmacies, TB DOTS center, RHU/HCs and other stakeholders in the project.
- To manage the implementation of project activities in the area.

4. Terms and conditions

A. The Phil TIPS project shall:
   a. Provide management fee in the amount of :_____ payable quarterly to the designated party

b. Provide TOT to the NGO staff on TB DOTS, TB Case Management, and Client Counseling
c. Provide all the IEC materials needed in the project
d. Provide all the training materials needed to train pharmacy staff
e. Provide technical assistance in the implementation of activities
f. Provide funding support for all project implementation activities.

B. The designated agency, _____shall:
   a. Develop a workplan for the implementation of activies
   b. Assume the responsibility in executing this project in the designated area:
   c. Manage the implementation of all project activities
   d. Coordinate, monitor and supervise all implementation particularly the function of partner pharmacies
   e. Provide technical guidance in the implementation of the program
   f. Provide the project with accurate, complete and timely reports on project performance
   g. Supervise all training activities.
   h. Assign a task manager to be the contact point for the project
   i. Coordinate with DOH/RHU/HC for procurement of TB drug supplies
   j. Coordinate with the designated TB DOTS center for all other services that will be needed by TB clients.

C. Budget (Est)
   a. Management fee
   b. Training
   c. Operating Cost

D. Penalties/Guarantee
   a. Either party shall have the right to terminate the understanding at any time provided that either party gives 30 days notice in writing indicating reason for termination
   b. Failure to implement the activities based on the agreed upon workplan and timeline will be ground for termination of this agreement

E. Program Evaluation
   a. The NGO is required to submit to the project quarterly report based on the established reporting system (Pls. refer to Annex 9 – Implementation Plan). The Phil TIPS project shall evaluate the performance of the designated NGO in the implementation of the terms of this MOU every six months. Performance evaluation shall be discussed including any need for improvements or changes in the implementation plans.

F. Duration
   a. The MOU shall be valid for two years after which, renewal may be initiated by the project based on availability of project funds and project requirements

b. Any project extensions will be discussed after the first year evaluation is completed.

Signature (COP, Phil TIPS project)

Signature (Executive Director, NGO_____)

Annex 8

(Sample Memorandum of Understanding
Between Phil. TIPS and Local Pharmacy Association)

MEMORANDUM OF UNDERSTANDING

5. Parties

The Philippine TIPS project and the Local Pharmacy Association _____, hereinafter referred to as "designated agency", agree to cooperate in the implementation of the pharmacy based TB DOTS Initiative activities in the following geographic areas:

The Phil TIPS project aims to strengthen the involvement of the pharmacies in the provision of TB DOTS services in the above mentioned geographic areas through their participation in the dissemination of IEC, provision of referrals and client counseling on Tuberculosis to Tb clients.

The designated agency, _____ (name) is currently involved in the _____ _____and has established its operation in the _____ areas.

6. Period of Cooperation

The period of cooperation shall be for two years, commencing the first day of _____ (month) _____ (year) until the last of ____ (month) _____(year).

7. Objectives :

- To disseminate IEC print materials to TB clients coming to the pharmacy for TB information or drug needs.
- To provide counseling to TB clients coming to the pharmacy
- To assist in the training of pharmacy staff on TB DOTS strategy, TB case management and client counseling
- To monitor the dissemination of TB IEC materials, client counseling and referrals .
- To cooperate with the implementing NGO, other partner pharmacies, TB DOTS center, RHU/HCs and other stakeholders in the project.
- To prepare and submit monthly reports to the implementing NGOin the area.

8. Terms and conditions

G. The Phil TIPS project shall:

a. Provide management fee in the amount of :_____ payable quarterly to the designated party
b. Provide training to the pharmacy staff on TB DOTS, TB Case Management, and Client Counseling
c. Provide all the IEC materials needed in the project
d. Provide all the training materials needed to train pharmacy staff
e. Provide technical assistance in the implementation of activities
f. Provide funding support for all project implementation activities.
g. Provide an NGO implementing agency to assist in the implementation of activities in the area

H. The designated local pharmacy association, _____shall:
a. Responsible in the dissemination of IEC materials to TB clients.
b. Responsible in providing client counseling and referrals to TB client.
c. Responsible in coordinating will all the partner pharmacies under its jurisdiction
d. Assist in the implementation of all project activities
e. Prepare accurate, complete and timely monthly reports on project performance
f. Assign a contact person to be the contact point for the project
g. Coordinate with DOH/RHU/HC for procurement of TB drug supplies
h. Coordinate with the designated TB DOTS center for all other services that will be needed by TB clients.

I. Budget (Est)
a. Management fee
b. Training
c. Operating Cost

J. Penalties/Guarantee
a. Either party shall have the right to terminate the understanding at any time provided that either party gives 30 days notice in writing indicating reason for termination
b. Failure to implement the activities based on the agreed upon workplan and timeline will be ground for termination of this agreement

K. Program Evaluation
a. The NGO is required to submit to the project quarterly report based on the established reporting system (Pls. refer to Annex 9 – Implementation Plan). The Phil TIPS project shall evaluate the performance of the designated NGO in the implementation of the terms of this MOU every six months. Performance evaluation shall be discussed including any need for improvements or changes in the implementation plans.

L. Duration

Annex 9

Reporting System

The following reports will be developed in the course of project implementation:

- Patient Referral Form
- Drugstore Monthly Report
- NGO Monthly Report
- Request for Sputum Examination
- Patient Treatment Card
- Pharmacy TB Suspect Register Card

Annex 10

Job Description of Program Manager for the Pharmacy-based TB DOTS Initiative

The program manager will be mainly responsible for ensuring that the objectives of the pharmacy based TB DOTS initiative are achieved. S/he will provide strategic leadership in the development and implementation of the project activities. S/he will receive technical guidance from the Phil TIPS Technical Coordinator. S/he will be directly responsible to the Health Systems Analyst for the implementation of h/her function.

Responsibilities:

- Develop strategies that will expand pharmacy involvement in the TB DOTS program.
- Supervise the implementation of IEC program using both print mass media and interpersonal channels (client counseling) to reach significant number of self medicating pharmacy TB clients.
- Supervise and monitor NGO performance in the implementation of project activities.
- Take the lead role in the development of advocacy program for pharmacies involved in the project.
- Responsible in developing non-monetary performance incentive schemes to strengthen pharmacist motivation in performance of their tasks.
- Responsible in the development and implementation of innovative strategies to strengthen pharmacy involvement in TB DOTS.
- Assist in the preparation of MOUs or subcontracts to engage professional Ad agencies or training institute in the development and execution of both communication and training activities.
- Assist in evaluating the effectiveness of communication strategies.
- Assist in the planning and implementation of all training activities.
- Assist in the evaluation of the effectiveness of training and develop strategies or recommendations to improve training implementation.
- Assist in the development of a collaborative relationship between pharmacies, NGOs and TB DOTS centers involved in the project.
- Work with the appropriate officials of the DOH and USAID and ensure the timely submission of project reports.
- Determine need for short-term consultants, prepare scopes of work for these consultants, identify appropriate individuals and prepare needed documents to engage their services
- Coordinate activities with other project relevant project implementation activities preventing duplication of efforts and maintaining maximum synergy

Desired Qualifications:

- At least 5 years of documented relevant experience in program management particularly in managing communication program.
- In-depth knowledge of the media environment in the Philippines
- Knowledge in the implementation of training programs
- Understanding and familiarity with the private sector particularly the pharmacies, drug manufacturers and other parties involved in the implementation of the private sector TB program
- Bachelor's degree in communication, public health, or management or marketing,

:

Annex 11

LIST OF DSAP CHAPTER HEADS IN THE
SEVEN IMPLEMENTATION SITES

CHAPTER PRESIDENTS

1. Quezon City, Central NCR:	Mrs. Helen Serafica Express Drugstore Fairview, Central Mall Commonwealth, Q.C. Tel. No. 427-9958
2. Dagupan, Pangasinan:	Mr. Lionel Tambaon Linda's Pharmacy, Cor. Rizal & Tambayoyong St Manaoag Pangasinan Tel. 075 519 4332
3. Cavite:	Mr. Manuelito de Castro Carmelite's Pharmacy 195 Sol P. Bella St. Imus, Cavite Tel. 045 471 1453
4. Iloilo-Guimaras:	Ms. Nancy Chua (OIC) Drugstation Inc. Valeria, Extension Iloilo City Tel. 033 337 0208
5. Cebu :	Mr. Winston David Sy. Ever Care Pharmacy Hi-Way Tipoo, Mandaue City Tel. 032 345 2505
6. Cagayan de Oro, Misamis Or.:	Mrs. Vilma Vacalares Farmacia Vilma 017 S. Vacaresst , Opol, Mis. Or. Tel. 08822 754 607

7. Davao:	Mr. Roger Cotes Tri- Kym Distributors 7 Tulip Bldg, Aala Cupid, Inc. Macarthur Hi-way, Matina, Davao City Tel. 082 299 1818

Annex 12

Observed TB Treatment Provider of Choice

Action taken by TB Symptomatics with bacteriologically confirmed TB

	Percent (%)
None	34.5
Self Medication	22.4
Family Member	1.7
Traditional Healer	3.4
Health Center	15.5
Public Hospital	9.8
Private MD	10.4
Private Hospital	3.3
TOTAL	100.0

Source: 1997 NTPS
** Hospital provided treatment is broken by public-private using 2001 UHNP*

Two surveys suggest that private care is the choice of about 1/3 of patients (31.5% I the UNHP study and 38.3% in the NTPS study, which used bacteriologically confirmed diagnoses. The majority of the time (59%) costs, either monetary or temporal were the primary reason for choosing a provider.