Philippine TIPS

TUBERCULOSIS INITIATIVES FOR THE PRIVATE SECTOR
A PROJECT SUPPORTED BY USAID

PHARMACY INITIATIVE RAPID APPRAISAL

USAID/Manila

Chemonics International Inc.
Contract No. 492-C-00-02-00031

PHARMACY INITIATIVE RAPID APPRAISAL
(Philippine TIPS Project)

Final Report

Isagani Perla
Ferdinal Fernando, MD, MDM
Jesus Emmanuel Sevilleja, MD, MPhil
Marinella Gilda Llanto MA
Vida Zorah Gabe

August 25, 2003

This study received support from the Office of Population, Health and Nutrition (OPHN), Philippine Mission, United States Agency for International Development, under the terms of Contract No. 492-C-00-02-00031. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

For more information, please contact:
Philippine TIPS, Unit 1608 West Tower, Philippine
Stock Exchange Centre, Exchange Road, Ortigas
Center, Pasig City 1605, Philippines.
Tel: +632 687-7135
Fax: +632 687-2195
E-mail:phil_tips@philtips.com

TABLE OF CONTENTS

I. Introduction....1

II. Role of the Pharmacy in the Delivery of TB Services....1

III. Objectives of the Study....2

IV. Study Design and Methodology....2

V. Pharmacist/PA Knowledge of TB and TB DOTS....4

VI. Pharmacist/PA Experience and Training....4

VII. Pharmacy Dispensing Practices....4

VIII. Client Buying Practices....6

IX. Client Perceptions....7

X. Provider Prescription Practices....7

XI. Willingness of Pharmacies to Participate....7

XII. Mechanisms of Collaboration....12

LIST OF TABLES

Table 1. Total Number of Respondents

Table 2A. Percentage of Responses from Pharmacists, PAs, Pharmacy Owners by Site

Table 2B. Percentage of Responses from Mystery Shoppers by Site

Table 3A. Number of Responses from Pharmacists by Site

Table 3B. Number of Responses from Pharmacy Assistants by Site

Table 3C. Number of Responses from Pharmacy Owners (All Sites)

Table 3D. Number of Responses from Mystery Shoppers by Site

LIST OF ANNEXES

Annex 1. Review of Related Literature

Annex 2. List of Drugstores, Pharmacists, Owners, and Pharmacy Assistants

- 2.1 Cagayan de Oro City
- 2.2 Cebu City
- 2.3 Dagupan City
- 2.4 Davao City
- 2.5 General Santos City
- 2.6 Iloilo City
- 2.7 Quezon City

Annex 3. Pharmacy Study Tools

- 3.1 Interview Guide for Owner
- 3.2 Interview Guide for Pharmacist
- 3.3 Interview Guide for Pharmacy Assistant
- 3.4 Mystery Shopper Guide
- 3.5 Evaluation Form for Mystery Shopper
- 3.6 Guide for Focus Group Discussion

Annex 4. FGD Reports

- 4.1 Cagayan de Oro City
- 4.2 Cebu City
- 4.3 Dagupan City
- 4.4 Davao City
- 4.5 General Santos City
- 4.6 Iloilo City
- 4.7 Quezon City

Annex 5. List of FGD Participants

- 5.1 Cagayan de Oro City
- 5.2 Cebu City
- 5.3 Dagupan City
- 5.4 Davao City
- 5.5 General Santos City
- 5.6 Iloilo City
- 5.7 Quezon City

I. Introduction

In 2000, the World Health Organization reported that the Philippines ranked second in Asia and seventh in the world in terms of number of people afflicted with TB. According to the Department of Health, TB kills an average of 75 Filipinos every day.

The findings of the 1997 National Tuberculosis Prevalence Survey (NTPS) show some unsettling patterns of health seeking behavior among the TB afflicted population. It is estimated that 38 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 though, a third (34.5 percent) of this group chose not to seek any form of treatment. *A fourth (27.5 percent) of the same population sought cure from traditional healers or resorted to self-treatment.*

Apparently, the private sector has a vital role to play in TB control. In particular, a high percentage of those who seek TB treatment in the private sector go to pharmacies to obtain drugs. Of all prescription drugs obtained from the private sector, 85 percent are purchased from pharmacies and drugstores (Integrated Medical Services). The rest are acquired from hospitals and medical providers. Thus, the affordability and completion of treatment in the private sector depends a lot on the availability and uninterrupted supply of affordable anti-TB drugs.

Throughout the world, consumers visit pharmacies instead of health facilities to seek treatment for their illnesses. Numerous studies have reached many conclusions to explain this phenomenon, such as: (1) distance of household from a clinic or hospital; (2) swift and prompt attention at pharmacies; and (3) availability of drugs at minimum cost (availability of credit and the option to purchase drugs in small amounts).

Inappropriate prescribing and dispensing practices of pharmacies reduce the quality and efficacy of medical care and result in a waste of resources. Hence, a strategy must be developed in order to bring pharmacies throughout the country into a coherent program that ensures the acceptance, application and promotion of DOTS.

Pharmacies in the Philippines are categorized into two chains: the big chains and the small chains. Big chains are owned by corporations and operate nationwide, such as the Mercury Drug Corporation and the Rose Pharmacy Corporation. On the other hand, small chains are family-owned businesses, often with only one branch.

In 2002, the total sales of anti-TB drugs by pharmacies and drugstores amounted to PhP 1 billion (Integrated Medical Services). And according to the Philippine Business Profiles and Perspectives: 2002-2003, Mercury Drug controlled approximately 87 percent of the retail trade in 2001.

Tuberculosis remains to be a major cause of mortality and morbidity in the Philippines today. In 2000, the World Health Organization reported that the Philippines ranked second in Asia and seventh in the world in terms of the number of people affected with TB. According to the Department of Health, TB kills an average of 75 Filipinos every day.

One of the contributory factors to these alarming statistics lie in the presence of a large segment of the private sector that remains unorganized for TB control. Findings from the 1997 National

Tuberculosis Prevalence Survey (NTPS) reveal some unsettling patterns of health-seeking behavior among the TB affected population. Disturbingly, a third (34.5 percent) of this group chose not to seek any form of treatment, while a fourth (27.5 percent) sought care from traditional healers or resorted to self-treatment. It is estimated that only 38 percent of this group initially went to see a medical doctor, either in a public hospital, private hospital, public health center, or private clinic. Of those who sought professional help, 30 to 60 percent consulted private physicians. Moreover, very few of these private practitioners used the DOTS strategy for treating their TB patients.

While recent efforts have been undertaken to integrate private physicians into the National Tuberculosis program, another component of he private sector may play a vital role in TB control. Pharmacies, in particular, offer an opportune group for intervention. Of all prescription drugs obtained from the private sector, 85 percent are purchased from pharmacies and drugstores while the rest are acquired from hospitals and medical providers (Integrated Medical Services). Numerous studies explain why consumers visit pharmacies instead of health facilities to obtain the drugs need for their treatment. Among the reasons cited were: (1) distance of household from a clinic or hospital; (2) swift and prompt attention at pharmacies; and (3) availability of drugs at minimum cost (availability of credit and the option to purchase drugs in small amounts). Clearly then, the affordability and completion of treatment in the private sector depends a lot on the availability and uninterrupted supply of affordable anti-TB drugs. Because of the potential important role that pharmacies can play in the treatment of TB, a strategy must be developed in order to bring them into a coherent program that ensures the acceptance, application, and promotion of DOTS.

Pharmacies in the Philippines are categorized into two classes: the big chains and the small drugstores. Big chains are owned by corporations and operate nationwide, such as Mercury Drug Corporation and the Rose Pharmacy Corporation. On the other hand, small drugstores are usually family-owned businesses, often with only one branch.

In 2002, the total sales of anti-TB drugs by pharmacies and drugstores amounted to PhP 1 billion (Integrated Medical Services). According to the Philippine Business Profiles and Perspectives: 2002-2003, Mercury Drug controlled approximately 87 percent of the retail in 2001.

II. Role of the Pharmacy in the Delivery of TB Services

Ideally, anti-TB drugs could not be bought without prescription. According to a study of drugstores in a district of Manila (USAID), 66 percent of all prescription drugs were sold without prescription. The practice of self-medication leads to incomplete and harmful drug use, treatment failure, and public health complications. Improper drug regimen results in multi-drug resistant TB, which is more difficult and more expensive to cure. For those who resort to self-care, the pharmacists provide the initial or even the only point of contact with the health system. Pharmacies are often considered an easily available and economical alternative to clinics, and as such, patients seek primary treatment directly from pharmacists. Thus, it is imperative that pharmacies be equipped with the necessary know-how, skills and competence to aid in the promotion of correct and complete TB treatment.

Very critical to the success of TB treatment is the patient's steady access to reliable anti-TB drugs. At least half of the cost of TB treatment comprises drugs and the households bear a large chunk of

the financial burden of TB treatment in the private sector (Capuno et al. 2003). Moreover, in a review of domestic drug prices by Solon and Banzon (1999), the price variation between generic and branded products is substantial, and the prices within each drug category are also varied. The pharmacies serve a crucial link to a continuous source of reasonably priced anti-TB drugs.

Pharmacists embody a broad infrastructure of professional schools and associations wherein established standards of treatment could become part of education and wherein the potential for the replication of good practices are tremendous. Pharmacists are on the frontlines of both the urban and rural fight against TB, and hence, could effectively address cultural barriers in their direct contact with TB cases. There have been instances when pharmacists were given incentives to go beyond drug sales and to be involved in case management issues, such as the STD drug treatment in Nepal. Such examples leave a hopeful promise in the successful combat against TB.

III. Objectives of the Study

In order to guide the design of a DOTS Pharmacy-linked model, a rapid field appraisal of selected drugstores was conducted. The primary objective is to assess the current pharmacy/drugstore situation in the Philippines regarding their dispensing practices.

In particular, the study determined the following:

1. Patterns of anti-TB drug dispensing practices of selected national drugstore chains and local pharmacies
2. Level of knowledge and appreciation of pharmacists and pharmacy assistants regarding TB treatment.
3. Awareness and willingness of pharmacy owners and pharmacists to support the DOTS strategy, including the following aspects:
    - Education and advocacy activities to promote DOTS
    - Referral systems to DOTS programs
    - Financing support to DOTS programs through supplier credit mechanisms
4. Potential ways the pharmacy owners and pharmacists can get involved in the DOTS strategy

IV. Study Design and Methodology

The research team was divided into 2, each team consisting of 2 team members. The team visited 7 sites: 2 in Luzon, 2 in Visayas and 3 in Mindanao. The sites chosen, namely: Quezon City, Dagupan City, Iloilo City, Cebu City, Davao City, General Santos City, and Cagayan de Oro City, were included in the identified 20 replication sites. The sites are all urban areas with large population size, high TB incidence, and presence of committed DOTS advocates. Contacts have been formerly established there by the head of the study team.

To meet the primary objective, a rapid field appraisal of 12 pharmacies per site was conducted. The pharmacies chosen meet one of the following conditions: a) near a public or private hospital; b) near a densely populated area (marketplace, malls, etc.); or c) on the outskirts of the central business district area.

The study design is characterized by the following:

Field Interviews

The interviews were conducted using the pre-tested 'Interview Guide Questionnaire' (Annex 3), one for each type of respondent. Respondents were classified into 3 groups: 1) pharmacy owners, some of whom may be pharmacists themselves; 2) pharmacists; and 3) pharmacy assistants.[1]

Mystery Shopping

Two mystery shoppers were selected in each site to role-play their respective scenarios as outlined in the 'Mystery Shopper Guide' (Annex 3). One mystery shopper played out Scenario 1: *The client wants to buy an anti-TB drug but does not have a prescription.* The underlying assumption here is that the client knows the anti-TB drug he/she is going to buy. It was agreed that the mystery shopper would ask for Rifampicin and/or Isoniazid if the pharmacy staff asks the specific drug he/she wants to buy. The other mystery shopper acted out Scenario 2: *The client, who is TB symptomatic, avoids consulting a physician. He goes directly to the pharmacy and asks them what anti-TB drug they could recommend to him/her.* After visiting each pharmacy, the mystery shoppers were then required to fill-out the 'Mystery Shopper Questionnaire' (Annex 3) and "Evaluation Form' (Annex 3)

Preferably, each mystery shopper should visit 12 pharmacies. Ideally, both mystery shoppers should have gone to the same set of pharmacies. Also if possible, the pharmacies visited by the mystery shoppers must be interviewed by the research team.

The mystery shoppers selected for the study are local residents of the area, between 20-30 years old, had to be either college students or graduates, and familiar with the vernacular.

Focus Group Discussion

The pharmacy owners and/or pharmacists of the visited pharmacies were invited to participate in the focus group discussions. Members of the pharmaceutical associations and drugstore owners association were also enjoined to attend the FGD. The FGD covered 3 main issues, namely: client buying practices, social stigma attached to TB clients, the willingness of pharmacies to participate in the TB DOTS initiative, and the possible mechanisms for collaboration (Annex 4).

The key findings of the study as determined from the field interviews and mystery shopping activity are presented in Sections V to IX.

V. Pharmacist/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.

[1] Store clerks who normally attend to clients buying drugs

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.

VI. 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.

VII. 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. IEC materials that were available in the pharmacies consisted of posters and drug brochures or pamphlets.

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 drug counseling (i.e. proper way of taking the drug, correct frequency of drug intake, side effects and contraindications).

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.

VIII. 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.

IX. 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.

X. 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.

Data for Sections XI and XII are taken from the various focus group discussions conducted among the seven study sites.

XI. Willingness of Pharmacies to Participate

During the focus group discussions in all seven study sites, it was unequivocally agreed upon that both pharmacists and pharmacy assistants have a crucial role to play in implementing the DOTS initiative. The extent to which pharmacies were willing to participate in the initiative however, varied from city to city.

Areas of Potential Involvement

Respondents for the FGDs cited the following as activities they were willing to participate in:

Training

Participants, themselves, acknowledged the importance of being equipped with the appropriate knowledge on TB and its management. In fact, most participants saw training as a prerequisite for the conduct of all the other activities they were willing to become involved in.

Participants and Trainers

While it was generally agreed upon that both pharmacists and pharmacy assistants had to undergo training, answers differed on how the details regarding these trainings.

In General Santos, participants emphasized the need to screen and choose PAs who could be trained appropriately. Only qualified PAs should be allowed to join the training. Both General Santos and Davao FGD participants agreed that trainings between pharmacists and pharmacy assistants should be held separately to avoid constriction between the two groups. Both training sessions should be conducted directly by selected 'project coordinators' or trainers of PhilTIPS. It should also be noted that trainings for PAs will require more simplified instruction and may also include information that the PAs can disseminate within their neighborhood (not just in the workplace/pharmacy).

In Cagayan de Oro, on the other hand, participants preferred training by project coordinators' to be conducted only with the pharmacists. After which, each pharmacist should be given the responsibility of training their respective pharmacy assistants.

Trainings may also include the branch managers and area managers of each pharmacy outlet to boost their sense of importance.

Length and Coverage of Training

Participants from General Santos agreed that trainings/seminars should be 3-5 hours long for pharmacy assistants and 1 day for pharmacists. In Cagayan de Oro, the ideal length of time cited for training was around 3 days while Davao participants suggested that 2 days should be allotted for the pharmacist trainings (1 day for lecture/instruction and another day for workshop) and 1 day for the pharmacy assistant trainings.

Trainings should include information on TB, its clinical symptoms and treatment as well as information on the different anti-TB drugs available. Trainings or seminars should be adapted to the needs and level of competency of the participants.

Potential Difficulties

Getting participants to attend training sessions may become a difficulty due to time and substitute-worker constraints. Since most pharmacies also employ a "no work, no pay" policy among their employees, pharmacists and PAs may be reluctant to attend the trainings and miss out on valuable income. Incentives to get participants for the trainings must be provided.

Counseling

All sites were willing to provide counseling for their clients. Counseling should cover basic TB information and proper treatment and should emphasize the importance of compliance. It should also only serve as an expansion of the counseling received by clients in the clinic. This means that the client should already learn at the level of the doctor-patient interaction all about DOT and the requirements involved.

While everyone agreed that counseling should be provided by all pharmacy personnel, FGD participants from General Santos also suggested that counseling by PAs be limited or at the very least, PAs should be assisted or supervised by their pharmacists.

It was also suggested that counseling be conducted in a separate or designated area of the pharmacy wherever available and be kept to a maximum of 5 minutes.

Potential Difficulties

Participants in Quezon City cited that counseling might be difficult to conduct during peak hours even with a maximum allotted number of minutes per patient.

In Dagupan, some participants were worried about creating conflict with doctors since some of these doctors may interpret counseling by pharmacists as an attempt to usurp their role in dealing with patients.

It was also noted in Cebu that clients themselves must be willing to undergo counseling. Otherwise, a client who finds counseling cumbersome may tend to avoid a pharmacy offering it. Naturally, the loss of clients due to this was one concern expressed by FGD participants.

Another concern also brought up in General Santos and Davao was the fear of contracting the TB disease since counseling could increase the likelihood of infection by virtue of the pharmacists' proximity and counseling set-up with the TB client. One possible solution to this problem may be to include information on ways to prevent contamination during training session. Whether this solution alone is sufficient or not, however, remains to be seen.

Monitoring and Recording

Only two out of the seven cities, namely Cagayan de Oro and Dagupan, were willing to conduct monitoring and recording of the client's condition and drug intake. For Cagayan de Oro, it was suggested that questionnaires also be filled out by clients regarding their treatment since some details may be difficult for the pharmacists and PAs to monitor themselves.

Potential Difficulties

Monitoring and recording was generally seen by most participants as "time-consuming" and "*matrabaho*" (a lot of work) as well as belonging to the role of barangay health workers. It was also pointed out that since monitoring and recording depend in part on the willingness of anti-TB client to keep coming back to the same pharmacies for their medication, some difficulty might be experienced in keeping track of clients who persist in buying from different pharmacies.

However, several suggestions raised in Quezon City may provide solutions to these difficulties. The first suggestion is to make use of vouchers to be given to TB clients by accredited physicians. Clients may then surrender their vouchers to pharmacists or PAs for every transaction of anti-TB drugs. These vouchers would then be kept and monitored by the pharmacy personnel and could substitute for the time-consuming record keeping. Finally, to avoid clients buying from different drugstores for their TB medication, it was suggested that a discount be offered to clients who buy their next set of medication at the original drugstore.

Distribution of IEC materials

Participants for all seven sites agreed to hand out IEC materials on TB and TB DOTS in their respective pharmacies as long as the materials are provided free of charge by the PhilTIPS project. It was suggested that the information on these materials be written in the local dialect to facilitate easier understanding of the messages.

Referral

Referral may be to other physicians in clinics or hospitals or referral to senior pharmacists by PAs. All seven sites were willing to give out referrals to anti-TB clients, as long as they were given a list of doctors and clinics practicing DOTS.

Assuring Continuous Supply of Anti-TB Drugs

Although drug supply at the level of the pharmacy outlet is demand-driven, it was generally agreed that pharmacy personnel should take into consideration what anti-TB drugs are frequently requested and bought. Pharmacy personnel should also be responsible for bringing this to the attention of the purchaser of the outlet to properly monitor stock levels.

In Cebu, it was suggested that in order to ensure uninterrupted drug supply, pharmacies set aside a 6-month supply of anti-TB drugs for each expected number of clients plus some buffer stock.

Potential Difficulties

Setting aside stocks for anti-TB drug clients as suggested in Cebu might pose a problem if specific drugs stocked by pharmacies do not coincide with drugs prescribed by physicians.

Partnering with a DOTS center

Only participants in Dagupan City and Davao City were willing to become treatment partners for DOTS. Dagupan City participants, however, cited that they would only be willing to do this as long as sufficient training is provided to pharmacy frontliners. Davao participants also noted that payment for anti-TB drugs must be assured. Streamers (i.e. DOTS Partner Center) were also suggested to indicate collaboration. In case of partnership between a pharmacy and a DOTS center, Davao participants conceded that monitoring may be possible since the list of patients to monitor becomes more official. The identification of partnerships between pharmacies and DOTS centers should be decided by the project in relation to accessibility (through survey of number of TB patients per community; local pharmacy association may be able to help out with this survey).

Pharmacies in Cebu, however, were hesitant to partner with a DOTS center since they would like to take it one step at a time. According to them, it might be ideal to perhaps start with information dissemination and counseling followed by an impact evaluation before deciding on the next course of action to take.

Others

1. **Dialogue between Dispensing Health Providers and Prescribing Health Providers.** Another suggestion raised during the meeting was to have a possible dialogue between

pharmacists and doctors on dealing with TB patients. This dialogue may cover referrals and linkages between the pharmacies and the doctors as well as other issues such as the tendency to dispense branded anti-TB drugs without generic counterpart. However, concerns were also raised of possible tensions between doctors and pharmacists since the two groups generally regard each other as competitors.

2. **Conduct of Outreach Programs**. It was also suggested that in addition to counseling clients of anti-TB drugs, efforts should also be made to educate people in remote places via outreach programs to be conducted by barangay health workers and other volunteer health personnel. In Davao, the local pharmaceutical association is, in fact, already planning one such outreach program and it was suggested that TB counseling be included in the program provided that the people involved would be given proper training.

3. **Adopt a Patient**. This term coined by participants in the Davao FGD was positively received by both Davao and Quezon City participants. This involves having each pharmacists monitor particular patients by recording their anti-TB drug purchases, anti-TB drugs schedule, listing their contact numbers to remind them of their next schedule and, providing them with discounts for their next set of medication.

4. **Promotion of Anti-TB Drug Sets**. If funding and programs are available to subsidize medication, pharmacy personnel could encourage clients to buy a complete set of treatment at discounted prices. One potential difficulty to this problem, however, is the possibility of re-selling of anti-TB drugs at higher prices by unscrupulous individuals. To counter this, it was suggested that "Not for Sale" labels be placed on the individual packages within each anti-TB drug set.

Motivation to Participate

A sense of social responsibility and professional growth were among the most commonly cited incentive among cities such as Cagayan de Oro, Iloilo, Davao and Cebu. Participants from Cagayan de Oro added that they were willing to participate because it was something "worthwhile," knowing that they were doing something to help TB patients.

In addition to social responsibility, however, FGD participants agreed that business acumen must also be maintained in the execution of their efforts. Participants from Iloilo and Quezon City, for example, cited that profit incentives similar to the ones given by drug companies would help in getting the commitment of many pharmacies. Cagayan de Oro and General Santos participants also saw the project as an opportunity to bring in more business since counseling itself is a desirable aspect of service and may also encourage clients to go back and buy more drugs to complete their treatment. Further, linking to doctors practicing DOTS affords a symbiotic relationship between the pharmacies and the doctors since both will benefit from clients referred by the other.

In General Santos, identification of certain pharmacy outlets as TB DOTS partners may also serve as an incentive for joining the program. Cagayan de Oro participants added that certificates of participation should be provided to pharmacists who attend training while participants in Iloilo

believe that forceful advertisements and insistent campaigning on TB and TB DOTS must be made in order to convince pharmacies to involve themselves.

In Quezon City, a monetary form of incentive was the most popular choice among participants as a motivating factor. This was also echoed in Davao City were it was suggested that honorariums be provided to participating drugstores as well as to pharmacists who were able to monitor and record complete data.

Other preferred incentives mentioned during the Quezon City discussion include sponsorships to conferences and rewards/prizes from contests among drugstores. Unlike the other cities, "recognition for good quality service" or the "appeal to community service" were not considered as strong motivating factors among participants in the Quezon City focus group discussion.

To ensure the commitment of pharmacies willing to participate in the DOTS initiative, Iloilo participants proposed that partner pharmacies be asked to sign a contract or memorandum of agreement with Philippine TIPS. In Cebu, it was suggested that the BFAD be given role in getting pharmacists and pharmacy assistant to attend the trainings. A written endorsement from Health Secretary Manuel Dayrit regarding the Pharmacy DOTS initiative would also be another helpful incentive. Following this, it was also suggested that the city health officer and the regional DOH director help get the commitment of the pharmacy owners in taking part of the project (Since DSAP does not have much clout over drugstore owners).

XII. Mechanisms of Collaboration

Participants in General Santos, Cagayan de Oro and Davao City raised the possibility of collaboration with their respective local pharmacy associations.

Representatives of the local pharmacy association in Davao present during the discussion mentioned that they were willing to invite speakers and coordinate the invitation of participants to the training sessions. In addition, the local pharmacy association's annual meetings for the local chapter were volunteered as a possible venue for the seminars/trainings.

For General Santos, officers of the General Santos Pharmacy Association strongly emphasized that their association could easily coordinate or facilitate communication with their members with regard to meetings, trainings or seminars related to the DOTS initiative. They also added that it would be very advantageous if a partnership or a memorandum of agreement between 'PhilTIPS' and the local pharmacy association were established for this purpose. In exchange for the cooperation of the association, as experienced in partnerships with other agencies, the local pharmacy association will eventually get a certain percentage of the expenses incurred on the seminars or trainings to be sponsored by 'PhilTIPS'. Based on their previous experience, a 10% share given to the association is acceptable and acts as an incentive.

ANNEX 1
Review of Related Literature

The following literature review, culled from Medline and Library of Congress, shows examples where pharmacies have been given incentives to go beyond drug sales and into becoming involved in case management issues. Here is a quick look at the past pharmacy care models and the lessons learned from them.

Medicine Shoppe International, a pharmaceutical company in India, is ensuring that pharmacists provide counseling and health information to the customers of the pharmacy through an owner-operated franchising scheme. Participating pharmacies could display Medicine Shoppe's banner provided that they adhere to the Medicine Shoppe system. Customers visiting affiliated pharmacies are guaranteed that the pharmacists attending them are equipped with the necessary knowledge and skills to dispense medications and that the drugs bought are properly stored. Medicine Shoppe International has just been implemented and thus, has not yet been evaluated for profits or customer satisfaction. However, the franchise promises to be a success judging by the enthusiasm of potential customers.

The *Mstop Project* in Cameroon aimed to make STI drugs available and affordable in both primary health facilities and private pharmacies, to train health care providers in STI management, to improve compliance with drug treatment, to increase patient knowledge, and to improve partner notification. However, due to numerous constraints, the project failed to meet its objectives.

The *Clear Seven Program* in Uganda sells pre-packaged STI treatment (PPST) kits without prescription through accessible and stigma-free outlets such as legally registered drug shops, pharmacies and clinics. It is reported that treatment adherence improved to 93 percent and that the cure rate increased to 83 percent. Unlike the *Mstop Project*, the *Clear Seven Program* proved to be effective in making treatment easier, more accessible and less expensive due to supportive national policies, abundant and affordable supply of medication, commitment of providers, and consensus among stakeholders.

Through a *Head Lice Management* in the United Kingdom, pharmacists are trained and accredited to supply medication for parasite management without a prescription. In the case of first-line treatment failure, pharmacists refer patients to a general practitioner along with a note containing the attempted treatment regimens. This program has been very effective since few people have reported treatment failure to date. It is currently being expanded in order to help patients save time and money by avoiding the visit to a physician.

The *Point-of-dispensing (POD) Centers* in the United States employ a systematic process for identifying and solving drug-related morbidity and mortality caused by diabetes medications, thereby integrating monitoring into the dispensing process. Participating pharmacists complete extensive training in diabetes therapy given by colleagues in the pharmaceutical business, who had been certified as Master Trainers. An integral part of the POD approach is the consultation with other health care professionals to facilitate the medication changes. Evidences point to an improvement of patient health and superior therapy adherence rates.

An *Ambulatory Pediatric Clinic* in one US city implemented a new clinical service, which allows pharmacists to evaluate and treat children and adolescents with minor acute illnesses and to provide bilingual patient education materials. Pharmacies adhere to a protocol and use encounter forms in evaluating 5 pediatric conditions: cough/cold, fever, diaper rash, vomiting/diarrhea, and head lice. It is reported that patients who were evaluated by pharmacists were likely to be attended to promptly and were more likely to receive written information than patients who were evaluated by physicians for similar conditions. However, the cost-effectiveness of this service in different settings still needs to be evaluated. Nonetheless, pharmacy-based evaluation and treatment seem to be safe, well-accepted and may improve access to care for patients with minor illness.

The Ministry of Health's Department of Drug Administration (DDA) in Nepal instituted a 45-hour orientation course for pharmacists to improve their knowledge regarding the medication they were distributing. The DDA orientation covered topics such as the effects of drugs on the body, proper drug storage, interpretation of prescriptions, dispensing procedures, adverse reactions and contraindications, and relevant ethics and laws. While the *DDA Training* was seen to significantly improve the knowledge base of the pharmacists, it did not make any significant improvements in the quality of care provided to clients due to the all-encompassing nature of the training as well the fact that training was the sole tool offered for improvement.

Family Health International's *AIDSCAP Project* in Nepal provided training opportunities to pharmacists in order to strengthen the role of drug retailers as prevention educators and condom promoters. As a result of the project, there have been significant improvements in the medications prescribed but minor increase in referrals and low rates of pharmacists' retention of training messages.

An *AIDSTECH Project* in Tanzania in 1991 aimed to improve pharmacists' ability to respond effectively to clients presenting STI symptoms through trainings and educational sessions about STIs and their treatment. The project developed a pharmacy registry system in order to determine pharmacy patient profiles and to gain an understanding of their perceptions and behaviors. There was a marked improvement in the quality of care. However, the project ended in 1993 due to the absence of government support and the problems with untrained clerks prescribing medication in place of trained pharmacists.

The Population Council's *Horizons Project* aimed at improving the diagnostic skills of drugstore personnel in one region of northern Thailand. The program included a diagnostic flowchart along with trainings for pharmacists to improve their medical history taking techniques and to ensure the proper provision of medication. The results of the project show that a flowchart combined with regular training opportunities could improve the pharmacists' ability to provide services to the patient. The tools and training must meet the needs of the drug sellers who have little or no medical background.

ANNEX 2

List of Drugstores, Pharmacists, Pharmacy Assistants and Owners Involved In the Field Survey and Mystery Shopper Activity

2.1 CAGAYAN DE ORO CITY

D/S	MS	Name of Drugstore	Pharmacists	Owner	PA
1	☆	**King John Pharmacy** (In front of NMMC), Capitol Compound, CDO Tel. No. (088) 857 20 00	Zenaida Santillan		Daniela M. Cagadas
2		**C & K (Branch 1)** Capitol Compound, CDO Tel. No. (08822) 728 177	Marissa Ranido	Dr. Agosto Dejos	
3		**C & K (Branch 2)** Capitol Compound, CDO Tel. No. (088) 856 45 65	Bernadettel Cadusales		
4	☆ ☆	**Dynamic Pharmacy** Tirso Neri St., Bgy Divisoria, CDO Tel. No. (08822) 728 844	Aileen Manatad		Reina Lyn Rebuyas
5		**Dynamic Pharmacy** Velez cor Cruz-Taal, CDO			
6		**Fair Drug** National Highway, Bgy Gusa, CDO Tel. No. (08822) 733 464	Shosi Mari Salubre-Larido		Anthony Manoto
7	☆	**Shining Pharmacy** Nacalaban St. cor. Velez St., CDO Tel. No. (08822) 725 286	Liziel Lubguban	Sean Neri	
8		**Ororama Mega Pharmacy** Lapasan St., CDO Tel. No. (08822) 727 192	Apolinar Villorejo		Nimfa Cubeta
9		**Country Drug** Lapasan Highway, CDO Tel. No. (08822) 724 479	Genevieve Ross Ching		Leda Igar
10	☆	**Rose Pharmacy** Guillermo-Borja St., Bgy Cogon, CDO Tel. No. (08822) 722 922	Precy Viola Arlene Uy	Eupemia Manila Manager/Purchaser)	
11		**Mercury Drug - Limketkai Mall** Lapasan Highway, CDO Tel. No. (08822) 726 646	Lorena Licawan		Belinda Saura
12		**Sabal Pharmacy-Dr. Sabal Hospital** Velez St.-Capitol Cpd, CDO Tel. No. (088) 856 26 19/ (08822) 724 041	Amarillis Cardenas		
13		**Oro Pharmacy** Lt. Guillermo St., Bgy Cogon, CDO Tel. No. (08822) 722 865	Purificacion Lucenara		
14	☆	**Naggina Drugstore & Grocery** Capistrano cor. Cruz Taal St., CDO Tel. No. 0919 470 16 59 c/o Bettina Igbal	Danila U. Mendez		
15	☆	**Rika Pharmacy** Castro St., Carmen Market, CDO			Levi Nacua
16	☆	**Colonel's Pharmacy** Lapasan St., CDO			
17	☆	**Homeland Pharmacy** Lapasan St., CDO			
18	☆	**Watson's Pharmacy - SM City** Masterson Ave., CDO			

D/S	MS	Name of Drugstore	Pharmacists	Owner	PA
19	☆	**Paramount Pharamacy** Hayes St., CDO			
20	☆	**Sevilla Pharmacy** Lapasan St., CDO			
21	☆	**Omkar Pharmacy & Gen. Merchandise** Hayes-12 St. Naz., CDO			
22	☆	**Ororama Supercenter Drugstore** Jr. Borja St., CDO			
23	☆	**Mercury Drugstore** Osmena St., CDO			
24	☆	**Rose Pharmacy** Yacapin St., CDO			
25	☆	**Yasmin Drugstore** Cap. V. Roa St., CDO			
26	☆	**Tikoy Pharmacy** Upper Zone 2, Bulua Highway, Bulua, CDO			
27	☆	**Mercury Drugstore Carmen Branch** Carmen Market, CDO			
28	☆	**AGR Pharmacy** Vamenta Blvd cor. Fernandez, Carmen, CDO			
29	☆	**Farmacia De Grande Monde** (In front of Madonna and Child Hospital) Serina St., Bgy Carmen, CDO			
30	☆	Galam Pharmacy Serina-Villain, Bgy Carmen,CDO			
31	☆	De Oro Majority Pharmacy Serina, Bgy Carmen, CDO			
32	☆	Farmacia Mayellan & Gen. Merchandize Zone 5 Bulua Highway, Bgy Bulua, CDO			
33	☆	Botica Luna Apovel Subdivision, Bgy Bulua, CDO			

Legend: **MS - Mystery Shopper sites**
D/S - Drug Store
☆ - Number of Times Visited by Mystery Shopper
X - Name Unrecorded but Surveyed

2.2 CEBU CITY

D/S	MS	Name of Drugstore	Pharmacist	Owner	PA
1	☆ ☆	**Cebu Ever Drug** Door #6 Don Manuel Gotianuy Bldg., Manalili St. Cebu Tel. No. (032) 254 69 02/69 03	X		X
2	☆ ☆	**Gaisano Main Pharmacy** Colon St., Cebu City Tel. No. (032) 254 63 91)	X		X
3	☆ ☆	**Dayang's Pharmacy** B. Rodriguez, Cebu City Tel. No. (032) 253 53 49	X		X
4		**Rose Pharmacy** Fuente Osmena, Cebu City	X		X
5		**Doctor's Choice** Fuente Osmena, Cebu City	X		X
6		**Uptown Drughouse** cor. Don Gil Garcia & Horente St., Cebu Tel. No. (032) 255 20 70	X		X
7		**Letty Pharmacy** Llorente St., Cebu City Tel. No. (032) 253 54 75	X		X
8	☆ ☆	**Diding's Pharmacy** 174 V. Gullas St., Cebu City Tel. No. (032) 255 86 21 to 22	X		
9		**Farmacia De Capitol** 47 Osmena Blvd, Cebu City Tel. No. (032) 255 64 62	X		X
10	☆ ☆	**La Nueva Pharmacy** Magallanes, Cebu City Tel. No. (032) 256 28 98	X	X	X
11		**Llorente Pharmacy** 19 Don Julio Llorente St., Cebu City Tel. No. (032) 253 54 16	X	X	X
12	☆ ☆	**Watson's Pharmacy** Inside SM City, North Reclamation, Cebu			X
13	☆ ☆	**Cebu Far Eastern Drug** Pres. Osmena Blvd, Cebu City			
14	☆ ☆	**Llorente Pharmacy** Llorente St., Cebu City			
15	☆ ☆	**Hope Pharmacy** Cor Manalili and Legaspi St., Cebu City			
16	☆ ☆	**Seven Two Pharmacy** 99 Pres. Osmena Blvd cor Arlington Pond, Cebu City			
17	☆ ☆	**Botica (Libres Pharmacy)** B. Rodriquez St., Capitol Site, Cebu City			
18	☆ ☆	**I-Ben's Pharmacy** Don M. Cui St., Fuente Osmena, Cebu			
19	☆ ☆	**Cebu Safeway** 293 Manalili St., Cebu City			

Legend: **MS - Mystery Shopper Sites**
D/S - Drug Store
☆ - **Number of Times Visited by Mystery Shopper**
X - Name Unrecorded but Surveyed

2.3 DAGUPAN CITY

D/S	MS	Name of Drugstore	Pharmacists	Owner	PA
1	☆ ☆	**Shanel Drugstore** Perez Blvd, Dagupan City	X		
2	☆ ☆	**Farmacia Flor (CSI Branch)** A.B. Fernandez Ave., Dagupan City Tel. No. (075) 522 07 40	X		X
3	☆ ☆	**Cyclone Pharmashoppe** Arellano Bani St., Dagupan City Tel. No. (075) 515 46 55	X		X
4	☆ ☆	**Pong's Pharmacy** Arellano St., Dagupan City Tel. No. (075)	X		X
5	☆ ☆	**FNO Drug Haus (Dagupan Branch 1)** Zamora St., Dagupan City Tel. No. (075) 522 56 15	X	X	
6	☆ ☆	**Abundance Drugstore** 12 A. Burgos St., Dagupan City Tel. No. (075) 522 16 64	X		X
7		**St. Joseph Drugstore** A.B. Fernandez St., Dagupan City Tel. No. (075) 522 02 29	X		X
8	☆ ☆	**DDH Pharmacy** 358 Perez Blvd, Bgy Pogo-Chico Tel. No. (075) 523 69 60/522 30 68	X	X	X
9	☆ ☆	**Mercury Drug** A.B. Fernandez Ave., Dagupan City Tel. No. (075) 522 20 68	X	X (Purchaser/ Manager)	X
10		**Farmacia Urduja** Arellano St., Dagupan City	X		
11	☆ ☆	**Roslin Pharmacy Branch II** Arellano St., Dagupan City	X		
12	☆ ☆	**St. Vincent Pharmacy** Guilig St., Dagupan City			X
13	☆ ☆	**Maia's Pharmacy** 50 Arellano St., Dagupan City			X
14	☆ ☆	**St. Joseph Drug Store** AB Fernandez St., Dagupan City			

Legend: **MS - Mystery Shopper sites**
D/S - Drug Store
☆ - Number of Times Visited by Mystery Shoppers
X - Name Unrecorded but Surveyed

— —

2.4 DAVAO CITY

D/S	MS	Name of Drugstore	Pharmacist	Owner	PA
1		**Ricardo Limso Medical Center, Inc** V. Ilustre St., Davao City Tel. No. (082) 227 16 29	Gemma B. Oliva Grace Guira		
2		**Mercury Drug Davao San Pedro** Bolton St., Davao City Tel. No. (082) 227 97 35	Ethel O. Cacho		
3		**Mercury Drug** Lapu-lapu St., Agdao, Davao City	Nelia N. Garbino		Alex Bajarin
4	☆	**Rose Pharmacy** Ilustre St., Gen. Luna, Davao City Tel. No. (082) 227 94 71	Babie Galido		
5		**Allied Drug** Ilustre St., Davao City Tel. No. (082) 225 03 29	Mercy Bernardo		Gemma Gemida
6		**ASP Pharmacy** Mintal Tugbok St., Tugbok District, D.C. Tel. No. (082) 293 00 60	Marichu M. Chan		Gina Matis
7		**Farmacia Southern (Branch 6)** Gaisano South Citimall, Ilustre St., D.C. Tel. No. (082) 224 08 11 loc. 723	Vina M. Garcia		Merlinda Ambas
8		**Rose Pharmacy, Inc** Ilustre - Gen. Luna St., Davao City			Cecilia Bangat
9		**Rose Pharmacy, Inc.** C.M. Recto St., Davao City Tel. No. (082) 227 90 34	Edna C. Cabaral		Jesusa Lamaan
10		**AMESCO Bonifacio Pharmacy** Bonifacio St., Davao City Tel. No. (082) 227 41 05	Myrna Tan		Rowena Nuyad
11	☆ ☆	**Farmacia Sta. Ana** Inigo cor. San Pedro St., Davao City			Vivian Apao
12	☆	**Farmacia Sta. Ana** C.M. Recto St., Davao City Tel. No. (082) 227 73 47	Jennifer Sangal		Erlinda Cagay
13		**Davao Union Drug** C.M. Recto St., Davao City	Pacita M. Umafranca		
14	☆	**Davao Save Here Pharmacy** C. Bangon St., Davao City Tel. No. (082) 22114 94	Ma. Flor S. Beralde		Benedict Ombrero
15	☆	**Tagalog Drug Store** 130 Quirino Ave., Davao City			
16	☆	**San Pedro Hospital Pharmacy** Guerrero St., Davao City			
17	☆	**Farmacia Southern** Guerrero St., Davao City			
18	☆	**Botica Chamaelyn** cor. Cajaguio & JP Laurel Ave., Davao City			Nilo
19	☆	**Botica** Bajada St., Davao City			
20	☆	**New Botica Concepcion** Bajada St., Davao City	Sheila		
21	☆	**Davao Medical Center (DMC)** Bajada St., Davao City			
22	☆	**Mercury Drug** Bajada St., Davao City	Noel		
23	☆	**Farmacia DMI** Bajada St., Davao City			

D/S	MS	Name of Drugstore	Pharmacist	Owner	PA
24	☆	**Farmacia DMI** Guerrero St., Davao City			
25	☆	**Botica Navarez** Puan St. , Davao City			
26	☆	**Botica Suratos** Puan St., Davao City			
27	☆	**Save on Drug Store** Filarez Quirino, Davao City			
28	☆	**GN Pharmacy** San Pedro St., Davao City			
29	☆	**Mercury Drug** Matina Crossing, Davao City			
30	☆	**Farmacia Southern** Matina Centerpoint Plaza, Davao City			
31	☆	**Jeneth's Pharmacy** Bolivard St., Davao City			
31	☆	**Botica Chamaelyn** Candelaria St. Sandoval Ecoland, Davao City			Jocelyn
32	☆	**Babes Pharmacy & Medical Supply** Quimpo Blvd Ecoland, Davao City			
33	☆	**NAFP Pharmacy & Gen. Merchandize** Bankerohan, Davao City			

Legend: **MS - Mystery Shopper sites**
D/S - Drug Store
☆ - Number of Times Visited by Mystery Shopper
X - Name Unrecorded but Surveyed

2.5 GENERAL SANTOS CITY

D/S	MS	Name of Drugstore	Pharmacist	Owner	PA
1		**Castle Drug** Phase V Stall #49, Cagampang St., GSC Tel. No. (083) 302 63 57	Belen Aala		Amila Tupang
2	☆	**VSA Medicine Shoppe** Daprosa St., Bgy West, GSC Tel. No. (083) 552 55 60	Vetlana Ang		Wilma Alonzo
3	☆	**Rose Pharmacy** Acharon St., Bgy South, GSC Tel. No. (083) 552 51 25	Evelyn Mending		Rowena Osias
4		**Ashver Pharmacy** Phase A, Public Market, Acharon Blvd., GSC Tel. No. (083) 302 12 50	Amelita Plete		Emily Panizal
5	☆	**Gelver Drug** National Highway, GSC Tel. No. (083) 553 27 03		Neneth Torres	Jenny Sabarita
6	☆	**Gen Medex** Santiago Blvd, GSC Tel. No. (083) 554 95 91)	Ma. Belita E. Dagoc	Vicky Luardo	
7	☆	**Xavier Pharmacy** P. Acharon Blvd, GSC Tel. No. (083) 552 28 80	Beth Panes		Keith Abegail M. Verbal
8	☆	**Mercury Drug (Branch 1)** P. Acharon Blvd., Polonuling Tupi, GSC Tel. No. (083) 552 48 32/ 0919 233 22 21	Vazmine Sumilang Cruz		Mila Gitorbus
9	☆	**Denver Drug** Public Market, Cagampang St., GSC Tel. No. (083) 552 44 90	Verviana H. Basan		
10		**Rose Pharmacy** Pioneer Ave., GSC Tel. No. (083) 552 86 37	Ma. Vivian S. Iral		Charlene Taladua
11		**St. Elizabeth Hospital, Inc.** National Highway, GSC Tel. No. (083) 552 47 84	Ruby C. Diongson	Aurora E. Demonteverde for Dr. Veneracion	
12	☆	**Dadiangas Medicine Center** AJM Bldg. Magsaysay Ave, GSC Tel. No. (083) 552 41 21	Mila Bautista		
13	☆	**Bolio Pharmacy** Fernandez St., Bgy Lagao, GSC			
14	☆	**Goodwill Pharmacy** Stall # 31 Acharon Blvd, GSC Tel. No. (083) 302 63 52			Marycho Martin
15	☆	**Farmacia Venus** P. Acharon Blvd, Bgy South, GSC			Jaime Lopez
16	☆	**Tremor Pharmacy** Fernandez St., Lagao, GSC			Fritz Caliza
17	☆	**Good Health Pharmacy** Fernandez St., Lagao, GSC			
18	☆	**Freshmed Pharmacy** Fernandez St., Lagao, GSC			
19	☆	**Klermed Pharmacy** Daprosa Bldg., Pendatun Ave., Bgy North			
20	☆	**Algui's Clinic Pharmacy** Osmena North., Bgy North, GSC			
21	☆	**Puericulture Pharmacay** Osmena North, Bgy East, GSC			
22	☆	**Diagan Cooperative Hospital Pharmacy** Santol St., Bgy North, GSC			

D/S	MS	Name of Drugstore	Pharmacist	Owner	PA
23	☆	**Specialist Pharmacy** Santiago Blvd, GSC			
24	☆	**Reino Pharmacy** Cagampang St., GSC			
25	☆	**Center Pharmacy** Public Market, GSC			
26	☆	**Pilgate Pharmacy** Santiago Blvd, GSC			
27	☆	**Rojon Pharmacy** Santiago Blvd, GSC			
28	☆	**Dadlangas Sun Trading Pharmacy** Santiago Blvd, GSC			

Legend: **MS - Mystery Shopper sites**
D/S - Drug Store
☆ - Number of Times Visited by Mystery Shopper
X - Name Unrecorded but Surveyed

2.6 ILOILO CITY

D/S	MS	Name of Drugstore	Pharmacist	Owner	PA
1		**Paul & Glory Pharmacy** Bgy Pototan, Iloilo City Tel. No. (033) 529 88 14	X		X
2		**Lifeline Pharmacy** 379 Lopez Jaena, Bgy Jaro, Iloilo City Tel. No. (033) 329 09 45	X		X
3		**Ivory Drug** Aldeger St., Iloilo City Tel. No. (033) 329 28 70	X		X
4	☆ ☆	**San Roque Drug** Washington St., Bgy. Jaro, Iloilo City Tel. No. (033) 329 62 52	X		
5		**Medicine Pharmacy** General Luna St., Iloilo City	X		
6		**Ledi Pharmacy** Jaro, Iloilo City Tel. No. (033) 320 27 35	X		X
7	☆	**Erle Pharmacy - MaryMart Mall** Valeria St., Iloilo City Tel. No. (033) 337 06 04	Mary Jane Rivera		X
8		**V-Med Pharmacy** 372 Lopez Jaena St., Bgy San Isidro, Jaro, Iloilo City Tel. No. (033) 329 27 20	X		X
9	☆	**Miscellaneous Drugstore (Branch II)** Plaza Rizal, Lopez Jaena St., Jaro, Iloilo City Tel. No. (032) 508 40 94	X		X
10	☆	**Ferj's Pharmacy** E. Lopez Jaena St., Iloilo City Tel. No. (033) 329 50 07/337 44 57/508 C8436 64	X		X
11	☆	**EVZ Pharmacy** E. Lopez Jaena St., Bgy Jaro, Iloilo City Tel. No. (033) 509 33 59	X		X
12		**Poms Pharmacy** 14 Jaro Big Market, Bgy. Desamparados St. Jaro, Iloilo Tel. No. (033) 329 71 20	X		
13		**Medical Mission Group Cooperative Pharm.** cor. Hechanova-Luna St., Lapaz, Iloilo City Tel. No. (033) 329 13 45			X
14	☆ ☆	**Drug Station** Gaisano City, Lapaz St., Iloilo City			
15	☆	**Erle Pharmacy-Gaisano Branch** Gaisano Cty, Lapaz St., Iloilo City Tel. No. (033) 320 66 22			
16	☆	**Farmacia Janay** E. Lopez Jaena St., Jaro, Iloilo City			
17	☆	**GQ Pharmacy** Valeria St., Iloilo City			
18	☆	**Mercury Drug Store** Delgado St., Iloilo City			
19	☆	**I.S. Medicine Corner** Valeria St. cor. Delgado St., Iloilo City Tel. No. (033) 329 70 72			
20	☆ ☆	**Socorro Drug** Iznart cor. JM Basa St., Iloilo City			

D/S	MS	Name of Drugstore	Pharmacist	Owner	PA
21	☆ ☆	**Rose Pharmacy** JM Basa St., Iloilo City			
22	☆	**La Botica** E. Lopez Jaena St., Iloilo City			
23	☆	**Ferj's Pharmacy** Mission Road, Jaro, Iloilo City			
24	☆	**EVZ Pharmacy** La-Paz, Iloilo City			
25	☆	**King Pharmacy** E. Lopez Jaena St., Jaro, Iloilo City			
26	☆	**Didz Pharmacy** Valeria St., Iloilo City			
27	☆	**I.S. Medicine Corner-Atrium Branch** Valera St. cor. Gen. Luna St., Iloilo City Tel. No. (033) 338 23 88			
28	☆	**Mercury Drug** JM Basa St., Iloilo City			
29	☆	**Lady Pharmacy-Valeria Branch** Valeria St., Iloilo Cty Tel. No. (033) 336 32 14			

Legend: **MS - Mystery Shopper sites**
D/S - Drug Store
☆ **- Number of Times Visited by Mystery Shopper**
X - Name Unrecorded but Surveyed

2.7 QUEZON CITY

D/S	MS	Name of Drugstore	Pharmacists	Owner	PA
1		**Super K Drug** Farmer's Plaza, Cubao, QC Tel. No. (02) 912 72 22	Luzviminda Eclavea		Janet Elizares
2		**Meadows Drug** Regalado cor. Dart St., Fairview, QC Tel. No. (02) 930 34 51	X		X
3		**Save More Drug** Stall 1 BPI Bldg, Don Antonio Hts, Bgy Holy Spirit, QC Tel. No. (02) 931 05 15	Celeste P. Mendoza	Abigail H. Romero, RPh (Manager/ Purchaser)	
4	☆	**Tropical Hut Drugstore** Panay Ave. cor Scout Borromeo, QC Tel. No. (02) 410 30 13	Vicky Austria Rachel Cuaresma		
5	☆	**Centerpoint Drug** 1 Matapat St., Bgy Pinyahan, QC	Pinky Losala		
6	☆	**Shop-A-Drug Pharmacy** Bohol Ave. cor. Quezon Ave., QC (inside Hi-Top Supermarket)	Milagros Mera		
7	☆	**Adcare Pharmacy** 1E Matapat St. cor. V. Luna Rd, Bgy Pinyahan, QC Tel. No. (02) 925 75 15	Rosalie Beato		
8		**Shoppersville Drugstore** 355 Katipunan Ave., QC Tel. No. (02) 426 12 46	Violeta Tolentino		
9		**Save More Drug** Blk 19 LT 4 Rosewood Tump Bgy Kaligayahan, QC Tel. No. (02) 962 03 15 / (0917) 703 26 10	Israelita Saquilon		
10		**Mercury Drug** Fairview, QC Tel. No. 0917 895 31 13	Aileen M. Umayam		
11		**Emilene's Pharmacy** Rustan's Supermarket, Cubao, QC Tel. No. (02) 437 04 87	Lydia Bucalan		
12		**Express Drug** Regalado St., Fairview, QC Tel. No. (02) 427 99 58	Marilou N. Acampado		Rufina Manguiat Ellen Rayo Marcelo
13		**E.C. Drugstore & Gen. Merchandise** Molave St., Project 3, QC Tel. No. (02) 912 71 79		Elizabeth Tan	
14	☆	**OTC Drugstore** 232 P. Tuazon cor. 13th Ave., Cubao Tel. No. (02) 421 63 09		Margarita Clementir	Jennie de la Cruz
15	☆	**C & N Drugstore** Francisco St., Bgy Krus na Ligas Tel. No. (02) 436 03 26		Norberto Resoso	Mary Joy De Los Reyes
16	☆	**San's Pharmacy** Shionghio St., Bgy Kamuning, QC			
17	☆	**Mercury Drug Store** Shionghio St., Bgy Kamuning, QC			Liezl
18	☆ ☆	**Save More Drug** Anonas Extension, Bgy Sikatuna, QC			Annalyn
19	☆	**Quirino Drug Store** Anonas cor. Chico St., Quirino 2, Proj. 2., QC			

D/S	MS	Name of Drugstore	Pharmacists	Owner	PA
20	☆	**Opti Drug** P. Tuazon cor. 20th Ave., Cubao, QC			
21	☆	**Best Aid Pharmacy & Grocery** 70 Aurora Blvd, Cubao QC			
22	☆	**Mercury Drug** Farmer's Plaza, Cubao, QC			Rhod
23	☆	**Manson Drug** EDSA cor. Arayat Ave., Cubao, QC			
24	☆	**Pharmacsia East Drugstore** 20 Matapang St., Pinyahan, Diliman, QC			
25	☆	**Sun Will Drug** P. Tuazon St., Cubao, QC			Mario Rombaoa
26	☆	**Carlos SuperDrug** E. Garcia ST. Nepa Q Mart, Cubao			
27	☆	**Dana's Drugstore** 57 Lt. J. Francisco St., Krus na Ligas, Diliman, QC			
28	☆	**Peer Gem Drugstore** 50 B C.V. Francisco St., Krus na Ligas, Diliman, QC			
29	☆	**Mercury Drug** Commonwealth Ave., UP Village, Diliman, QC			
30	☆	**Angelus Medical & Maternity Clinic** Sikatuna, Diliman, QC			
31	☆	Watson's Pharmacy P. Tuazon St., Cubao, QC			

Legend: **MS - Mystery Shopper sites**
D/S - Drug Store
☆ - Number of Times Visited by Mystery Shoppers
X - Name Unrecorded but Surveyed

ANNEX 3.1

INTERVIEW GUIDE FOR PHARMACY OWNER

INSTRUCTIONS TO INTERVIEWER:
Pharmacy owners should be interviewed in private at the end of the working day or during break-time. It should be made clear that you are seeking their assistance in finding ways of improving the delivery and quality of the services offered by the pharmacy in general and are not evaluating the performance of the pharmacy or of their selves. For each item, tick the response or describe as appropriate.

Pharmacy ID Code [___][___][___][___]

Name of Pharmacy

Address
Street_____
Brgy_____

District/Town/City_____
_____

Telephone No.
_____

Study staff number [___][___][___][___]

Date of this interview ___/___/___ <dd/mm/yy>

Time the interview started _____:____ hours : mins

Time the interview ended _____:____ hours : mins

Name of interviewer
_____

Signature of team leader
_____

READ GREETING:

We are carrying out a survey of pharmacies in Metro Manila in order to understand their dispensing practices and their clients' buying practices. The purpose of the study is to find ways of involving the pharmacies and drugstores in DOTS service delivery. We are interested to know your experiences so far in the operation and management of the pharmacy. Could I ask you some questions about this? Please be assured that this discussion is strictly confidential and your name will not be recorded. Also, you are not obliged to answer any question you don't want to, and you may withdraw from the interview at any time. May I continue?

If the provider agrees to continue, ask if he/she has any questions. Respond to questions as appropriate then ask Q1.

If the provider does not agree to continue, thank him/her and go to the next interview.

PHARMACY PROFILE

1. How long has this pharmacy been in operation? _____

2. A. Do you have other branches?
_____Yes
_____No
B. If yes, how many branches do you have?_____
C. Where?
_____

3. What is the nature of ownership?
A. Single Proprietorship _____
B. Partnership _____
C. Corporation _____

ACCESSIBILITY OF PHARMACY

4. A. What are your store hours?
_____
Open ____ am Close _____ pm
B. How many days in a week are you open?
_____

5. A. Are there private doctors, clinics/hospitals near this pharmacy?
_____ Yes
_____ No
B. If yes, how far?
_____

CLIENT PROFILE

6. Who are your most frequent shoppers in this pharmacy?
A. blue collar workers (e.g. drivers, laborers, etc.) _____
B. professionals (e.g. office workers, etc.) _____
C. adults (above 25 years old) _____
D. young adults (25 years old and below) _____

ANTI-TB DRUGS PROFILE

7. What types of anti-TB drugs are available in this pharmacy?
A. Generic _____
B. Branded _____
C. Bister pack for TB (e.g. Combi-pack, Continukit, Econopack) _____

What types of branded anti-TB drugs are available in this pharmacy?
D. Loose tablets/capsules _____
E. Fixed-dose combination _____

8.	Name the top anti-TB drugs being sold in this pharmacy. A. Top Drugs — B. Ratio of Customers (Out of 10) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
9.	A. What is your gross sales for all products per month? PhP _____ B. Of this amount, how much is _____ethical drugs? (percent) C. Of the total ethical drug sales, how much is _____ anti-TB drugs? (percent)	
10.	A. Is selling TB drugs profitable? _____Yes _____No B. If no, why not? _____ What is the profit margin (in percent) do you normally get for selling: C. Anti-TB drugs: _____percent D. Other prescription drugs: _____percent	
11.	A. Do suppliers of anti-TB drugs normally give you volume discounts for stocking large quantities of TB drugs? _____Yes _____No B. If yes, how much? _____	
12.	Do you feel that the free anti-TB drugs provided by RHU/HC affect your sales? ___ Yes ___ No	
13.	A. Do you experience stock-outs on anti-TB drugs? _____Yes _____No B. If yes, how often? _____Once a month _____Twice a year _____Others: _____	
14.	A. In the last six months, has there been a significant increase in the demand for anti-TB drugs? _____Yes _____No B. If yes, please specify _____25% more than normal _____50% more than normal _____Others: _____	
	STAFFING	
15.	How many (READ 1-3) are assigned to work full-time/part-time at this pharmacy? A. Full-Time — B. Part-Time 1. Pharmacists _____ _____ 2. PAs _____ _____ 3. Others: _____ _____ _____ _____ _____ _____	
16.	Do you require your pharmacists and pharmacy assistants to have undergone any form of health training before hiring them? _____Yes _____No	
	SOCIODEMOGRAPHIC CHARACTERISTICS	
17.	To end with, I would like to ask you a few questions about yourself. How old are you? _____Years old	
18.	Sex A. Male _____ B. Female _____	

THANK YOU VERY MUCH FOR HAVING SPENT SO MUCH TIME WITH ME.

ANNEX 3.2

INTERVIEW GUIDE FOR PHARMACIST	
INSTRUCTIONS TO INTERVIEWER: Pharmacists should be interviewed in private at the end of the working day or during break-time. It should be made clear that you are seeking their assistance in finding ways of improving the delivery and quality of the services offered by the pharmacy in general and are not evaluating the performance of the pharmacy or of their selves. For each item, tick the response or describe as appropriate.	
Pharmacy ID Code [ ] [ ] [ ] [ ]	
Name of Pharmacy	
Address Street _____ Brgy _____ District/Town/City _____	**Telephone No.** _____
Study staff number [ ] [ ] [ ] [ ]	
Date of this interview	__/__/__ *<dd/mm/yy>*
Time the interview started	____:____ *hours : mins*
Time the interview ended	____:____ *hours : mins*
Name of interviewer _____	
Signature of team leader _____	

READ GREETING:

We are carrying out a survey of pharmacies in Metro Manila in order to understand their dispensing practices and their clients' buying practices. The purpose of the study is to find ways of involving the pharmacies and drugstores in DOTS service delivery. We are interested to know your experiences so far in the operation and management of the pharmacy and in dealing with customers buying medications for TB treatment. Could I ask you some questions about this? Please be assured that this discussion is strictly confidential and your name will not be recorded. Also, you are not obliged to answer any question you don't want to, and you may withdraw from the interview at any time. May I continue?

If the provider agrees to continue, ask if he/she has any questions. Respond to questions as appropriate then ask Q1.

If the provider does not agree to continue, thank him/her and go to the next interview.

PHARMACY PROFILE		
1.	**What is your designation in this pharmacy?** **A. Pharmacist** _____ **B. Pharmacy assistant** _____ **C. Others:** _____	
2.	**Do you attend to clients?** **A. Yes** *(If yes, ask questions 3-63)* _____ **B. No** *(If no, ask questions 3-20)* _____	
3.	**How long has this pharmacy been in operation?** _____	
4.	**A. Do you have other branches?** _____**Yes** _____**No** **B. If yes, how many branches do you have?** _____ **C. Where?** _____	
5.	**What is the nature of ownership?** **A. Single Proprietorship** _____ **B. Partnership** _____ **C. Corporation** _____	
ACCESSIBILITY OF PHARMACY		
6.	**A. What are your store hours?** **Open** ____ **am** **Close** _____ **pm** **B. How many days in a week are you open?** _____	
7.	**A. Are there private doctors, clinics/hospitals near this pharmacy?** _____ **Yes** _____ **No** **B. If yes, how far?** _____	
CLIENT PROFILE		
8.	**Who are your most frequent shoppers in this pharmacy?** **A. blue collar workers (e.g. drivers, laborers, etc.)** _____ **B. professionals (e.g. office workers, etc.)** _____ **C. adults (above 25 years old)** _____ **D. young adults (25 years old & below)** _____	

ANTI-TB DRUGS PROFILE

9. What types of anti-TB drugs are available in this pharmacy?

A. Generic _____
B. Branded _____
C. Bister pack for TB (e.g. Combi-pack, Continukit, Econopack) _____

What types of branded anti-TB drugs are available in this pharmacy?

D. Loose tablets/capsules _____
E. Fixed-dose combination _____

10. Name the most sellable anti-TB being drugs sold in this pharmacy.

A. Top Drugs	B. Ratio of Customers (Out of 10)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. A. What is your gross sales for all products per month?

PhP _____

B. Of this amount, how much is

_____ethical drugs? (percent)

C. Of the total ethical drug sales, how much is

_____ anti-TB drugs? (percent)

12. A. Is selling TB drugs profitable?

_____Yes
_____No

B. If no, why not?

_____

What is the profit margin (in percent) do you normally get for selling:

C. Anti-TB drugs: _____percent
D. Other prescription drugs: _____percent

13. A. Do suppliers of anti-TB drugs normally give you volume discounts for stocking large quantities of TB drugs?

_____Yes
_____No

B. If yes, how much? _____

14. Do you feel that the free anti-TB drugs provided by RHU/HC affect your sales?

___ Yes
___ No

15. A. Do you experience stock-outs on anti-TB drugs?

_____Yes
_____No

B. If yes, how often?
_____Once a month
_____Twice a year
_____Others: _____

16. A. In the last six months, has there been a significant increase in the demand for anti-TB drugs?

_____Yes
_____No

B. If yes, please specify
_____25% more than normal
_____50% more than normal
_____Others: _____

STAFFING

17. How many (READ 1-3) are assigned to work full-time/part-time at this pharmacy?

	A. Full-Time	B. Part-Time
1. Pharmacists	_____	_____
2. PAs	_____	_____
3. Others:	_____	_____
	_____	_____
	_____	_____

18. Do you require your pharmacists and pharmacy assistants to have undergone any form of health training before hiring them?

_____Yes
_____No

SOCIODEMOGRAPHIC CHARACTERISTICS

19. How old are you?

_____Years old

20. Sex
A. Male _____
B. Female _____

DISPENSING PRACTICES OF THE PHARMACY

21. Based on your own observation, how many clients on the average come to this pharmacy in one day to ask for anti-TB drugs?

_____clients/day

22.	Among those who ask about anti-TB drugs, how many clients actually buy the drugs? _____clients/day	
23.	On the average, how much time do you spend in dealing with each client asking/buying anti-TB drugs? _____Less than 2 minutes _____More than 5 minutes _____More than 10 minutes	
24.	On the average, how long does the client wait before the pharmacy staff can attend to him/her? _____Less than 5 minutes _____More than 5 minutes _____More than 10 minutes	
25.	A. Are IEC materials on TB available in this pharmacy? _____Yes _____No B. If yes, what are these? _____Flip chart _____Brochure/Pamphlet _____Poster _____Comics _____Others, specify: _____	
26.	A. Do you give IEC materials to clients? ____Yes (PLEASE ASK FOR SAMPLE) ____No B. If yes, how often? _____Always (10 out of ten) _____Most of the time (7-9 out of ten) _____Sometimes (4-6 out of ten) _____Rarely (1-3 out of ten)	
27.	A. Do you counsel clients? _____Yes _____No B. If yes, how often? _____Always (10 out of ten) _____Most of the time (7-9 out of ten) _____Sometimes (4-6 out of ten) _____Rarely (1-3 out of ten)	

28.	A. Do you refer clients to private doctors or RHU/HC? _____Yes _____No B. If yes, how often? _____Always (10 out of ten) _____Most of the time (7-9 out of ten) _____Sometimes (4-6 out of ten) _____Rarely (1-3 out of ten) C. If yes, when (or in what instances) do you refer them? _____ _____	
29.	A. Do you ask for prescription before selling anti-TB drugs? _____Yes _____No B. If yes, how often? _____Always (10 out of ten) _____Most of the time (7-9 out of ten) _____Sometimes (4-6 out of ten) _____Rarely (1-3 out of ten) C. If no, why not? _____ _____	
30.	A. Normally, doctors prescribe 3 or more anti-TB drugs. Are there clients who ask to reduce the *number* of prescribed anti-TB drugs they are going to buy from you? _____Yes _____No B. If yes, what is the most common given? _____ _____ C. Do you comply with the client's request? _____Yes _____No D. If yes, how often? _____Always (10 out of ten) _____Most of the time (7-9 out of ten) _____Sometimes (4-6 out of ten) _____Rarely (1-3 out of ten)	

31.	A. Because the length of TB treatment is long, doctors prescribe large quantities of anti-TB drugs. Are there clients who ask to reduce the *quantity* of each prescribed anti-TB drug they are going to buy from you? _____Yes _____No B. If yes, what is the most common given? _____ _____ C. Do you comply with the client's request? _____Yes _____No D. If yes, how often? _____Always (10 out of ten) _____Most of the time (7-9 out of ten) _____Sometimes (4-6 out of ten) _____Rarely (1-3 out of ten)	
32.	Do you give discounts for A. ALL prescription drugs? _____ B. Some prescription drugs? _____ Specify: _____ C. Anti-TB drugs? _____	
33.	A. Do you give volume discounts to clients who buy large quantities of anti-TB drugs? _____Yes _____No B. If yes, what is the amount of anti-TB drugs they have to buy in order to avail of the discount? _____	
34.	A. Do you offer other forms of discounts? _____Yes _____No B. If yes, what are these? _____ _____	
35.	Do volume discounts affect the clients' purchase decision? _____Yes _____No	
	CLIENT BUYING PRACTICES	
36.	Out of ten clients, how many clients ask for : A. Branded anti-TB drugs? ____ B. Generic anti-TB drugs? ____ C. Combi-packs? ____	

37.	Out of ten clients, how many buy anti-TB drugs with : A. prescription? ____ B. without prescription? ____	
38.	What is the most common length of dosage of anti-TB drugs prescribed by physicians to clients? _____One week supply _____One month supply _____2-5 months supply _____6 months supply _____Others, specify: _____	
39.	What is the most common length of dosage purchased by clients? _____Less than 2 days supply _____3 days supply _____5 days supply _____One week supply _____One month supply _____Depends on cash available _____Others, specify: _____	
40.	Out of 10 clients, how many find the cost of anti-TB drugs: A. Affordable: _____ B. Expensive: _____	
41.	Out of 10 clients, how many complain about the quantity/amount of anti-TB drugs they have to buy to be treated? _____	
42.	A. Out of 10 clients, how many prefer branded over generic anti-TB drugs? _____ B. Why? _____ _____ C. Out of 10 clients, how many prefer generic over branded anti-TB drugs? _____ D. Why? _____ _____	
43.	Out of 10 clients, how many think that the quality of generic anti-TB drugs is lower than the quality of branded anti-TB drugs? _____	
44.	What is the price difference between generic and branded anti-TB drugs? _____Less than 5% _____5%-10% _____More than 10%	

45.	Do clients find generic anti-TB drugs cheaper than branded anti-TB drugs? _____Yes _____No	
46.	Out of 10 clients buying branded anti-TB drugs, how many usually purchase? A. Loose tablets/capsules _____ B. Fixed-dose combination _____	
47.	A. If the client cannot afford to pay, do you provide credit (utang)? ___ Yes ___ No B. If yes, how often? _____Always (10 out of ten) _____Most of the time (7-9 out of ten) _____Sometimes (4-6 out of ten) _____Rarely (1-3 out of ten)	
	SOCIAL STIGMA	
48.	A. Are your clients generally shy or hesitant to ask for anti-TB drugs? _____Yes _____No B. If yes, how often? _____Always (10 out of ten) _____Most of the time (7-9 out of ten) _____Sometimes (4-6 out of ten) _____Rarely (1-3 out of ten)	
49.	How do you tell if they are shy or hesitant to ask for anti-TB drugs? _____Have family/relatives or friends buy anti-drugs for them _____Refer to anti-TB drugs as 'vitamins' or medicine for weak lungs _____Others:_____	
50.	How do you deal with shy or hesitant clients? _____	
	EXPERIENCE AND TRAINING	
51.	How long have you been working at this pharmacy? ___Years (Round off to nearest yr) ___Less than six months	
52.	What is your highest educational attainment? _____Elementary _____High school _____College, specify course: _____	

53.	A. Have you ever received any training on TB? _____Yes _____No B. If yes, when and where did you obtain this training? _____ _____ C. Who conducted the training? _____ D. Did the TB training cover DOTS? _____Yes _____No	
54.	Have you ever undergone any health related training? _____Yes, specify: _____ _____No	
55.	When was the last training you participated in? _____	
	KNOWLEDGE OF TB AND TB DOTS	
56.	Are you familiar with TB? _____Yes _____No	
57.	A. When is TB transmitted? _____ B. How is TB transmitted? _____	
58.	What are the symptoms of a person who is sick with TB? Please name as many as you can. (DO NOT READ LIST, BUT PROBE BY ASKING, "ANY OTHER SYMPTOMS?") _____Cough _____Fever _____Weight loss _____Hemoptysis or recurrent blood-streaked sputum _____Sweat and chills _____Fatigue, body malaise _____Poor appetite _____Others: _____	
59.	How is TB detected? _____Chest x-ray _____Sputum exam _____Physical Examination _____Skin test _____Others: _____	

60.	How long does it take to treat TB? _____	
61.	Can you name the available TB drugs in your pharmacy? _____ _____	
62.	What happens to a patient who does not complete TB treatment? _____ _____	
63.	A. Have you heard of TB DOTS (Directly Observed Treatment Short Course)? _____Yes _____No B. If yes, where/how have you heard it? _____ C. What do you know about DOTS? _____ _____	

THANK YOU VERY MUCH FOR HAVING SPENT SO MUCH TIME WITH ME.

ANNEX 3.3

INTERVIEW GUIDE FOR PHARMACY ASSISTANT	
INSTRUCTIONS TO INTERVIEWER: Pharmacy assistants should be interviewed in private at the end of the working day or during break-time. It should be made clear that you are seeking their assistance in finding ways of improving the delivery and quality of the services offered by the pharmacy in general and are not evaluating the performance of the pharmacy or of their selves. For each item, tick the response or describe as appropriate.	
Pharmacy ID Code [ ][ ][ ][ ]	
Name of Pharmacy	
Address Street_____ Brgy:_____ District/Town/City_____	**Telephone No.** _____
Study staff number [ ][ ][ ][ ]	
Date of this interview	__/__/__ *<dd/mm/yy>*
Time the interview started	___:__ *hours : mins*
Time the interview ended	___:__ *hours : mins*
Name of interviewer _____	
Signature of team leader _____	

READ GREETING:

We are carrying out a survey of pharmacies in Metro Manila in order to understand their dispensing practices and their clients' buying practices. The purpose of the study is to find ways of involving the pharmacies and drugstores in DOTS service delivery. We are interested to know your experiences so far in dealing with customers buying medications for TB treatment. Could I ask you some questions about this? Please be assured that this discussion is strictly confidential and your name will not be recorded. Also, you are not obliged to answer any question you don't want to, and you may withdraw from the interview at any time. May I continue?

If the provider agrees to continue, ask if he/she has any questions. Respond to questions as appropriate then ask Q1.

If the provider does not agree to continue, thank him/her and go to the next interview.

DISPENSING PRACTICES OF THE PHARMACY		
1.	**Based on your own observation, how many clients on the average come to this pharmacy in one day to ask for anti-TB drugs?** _____**clients/day**	
2.	**Among those who ask about anti-TB drugs, how many clients actually buy the drugs?** _____**clients/day**	
3.	**Can you name the most sellable anti-TB drugs being sold in this pharmacy?** **A. Top Drugs** — **B. Ratio of Customers (Out of 10)** _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
4.	**On the average, how much time do you spend in dealing with each client asking/buying anti-TB drugs?** _____**Less than 2 minutes** _____**More than 5 minutes** _____**More than 10 minutes**	
5.	**On the average, how long does the client wait before the pharmacy staff can attend to him/her?** _____**Less than 5 minutes** _____**More than 5 minutes** _____**More than 10 minutes**	
6.	**A. Are IEC materials on TB available in this pharmacy?** _____**Yes** _____**No** **B. If yes, what are these?** _____**Flip chart** _____**Brochure/Pamphlet** _____**Poster** _____**Comics** _____**Others, specify:** _____	
7.	**A. Do you give IEC materials to clients?** ____**Yes (PLEASE ASK FOR SAMPLE)** ____**No** **B. If yes, how often?** _____**Always (10 out of ten)** _____**Most of the time (7-9 out of ten)** _____**Sometimes (4-6 out of ten)** _____**Rarely (1-3 out of ten)**	

8.	A. Do you counsel clients? _____Yes _____No B. If yes, how often? _____Always (10 out of ten) _____Most of the time (7-9 out of ten) _____Sometimes (4-6 out of ten) _____Rarely (1-3 out of ten)	
9.	A. Do you refer clients to private doctors or RHU/HC? _____Yes _____No B. If yes, how often? _____Always (10 out of ten) _____Most of the time (7-9 out of ten) _____Sometimes (4-6 out of ten) _____Rarely (1-3 out of ten) C. If yes, when (or in what instances) do you refer them? _____ _____	
10.	A. Do you ask for prescription before selling anti-TB drugs? _____Yes _____No B. If yes, how often? _____Always (10 out of ten) _____Most of the time (7-9 out of ten) _____Sometimes (4-6 out of ten) _____Rarely (1-3 out of ten) C. If no, why not? _____ _____	
11.	A. Normally, doctors prescribe 3 or more anti-TB drugs. Are there clients who ask to reduce the *number* of prescribed anti-TB drugs they are going to buy from you? _____Yes _____No B. If yes, what is the most common given? _____ _____ C. Do you comply with the client's request? _____Yes _____No D. If yes, how often? _____Always (10 out of ten) _____Most of the time (7-9 out of ten) _____Sometimes (4-6 out of ten) _____Rarely (1-3 out of ten)	
12.	A. Because the length of TB treatment is long, doctors prescribe large quantities of anti-TB drugs. Are there clients who ask to reduce the *quantity* of each prescribed anti-TB drug they are going to buy from you? _____Yes _____No B. If yes, what is the most common given? _____ _____ C. Do you comply with the client's request? _____Yes _____No D. If yes, how often? _____Always (10 out of ten) _____Most of the time (7-9 out of ten) _____Sometimes (4-6 out of ten) _____Rarely (1-3 out of ten)	
13.	Do you give discounts for A. ALL prescription drugs? _____ B. Some prescription drugs? _____ Specify: _____ C. Anti-TB drugs? _____	
14.	A. Do you give volume discounts to clients who buy large quantities of anti-TB drugs? _____Yes _____No B. If yes, what is the amount of anti-TB drugs they have to buy in order to avail of the discount? _____	
15.	A. Do you offer other forms of discounts? _____Yes _____No B. If yes, what are these? _____	
16.	Do volume discounts affect the clients' purchase decision? _____Yes _____No	
	CLIENT BUYING PRACTICES	
17.	Out of ten clients, how many clients ask for: A. Branded anti-TB drugs? ____ B. Generic anti-TB drugs? ____ C. Combi-packs? ____	

18.	Out of ten clients, how many buy anti-TB drugs: A. with prescription? ____ B. without prescription? ____	
19.	What is the most common prescribed length of dosage of anti-TB drugs prescribed by physicians to clients? _____One week supply _____One month supply _____2-5 months supply _____6 months supply _____Others, specify: _____	
20.	What is the most common length of dosage purchased by clients? _____Less than 2 days supply _____3 days supply _____5 days supply _____One week supply _____One month supply _____Depends on cash available _____Others, specify: _____	
21.	Out of 10 clients, how many find the cost of anti-TB drugs: A. Affordable: _____ B. Expensive: _____	
22.	Out of 10 clients, how many complain about the quantity/amount of anti-TB drugs they have to buy to be treated? _____	
23.	A. Out of 10 clients, how many prefer branded over generic anti-TB drugs? _____ B. Why? _____ _____ C. Out of 10 clients, how many prefer generic over branded anti-TB drugs? _____ D. Why? _____ _____	
24.	Out of 10 clients, how many think that the quality of generic anti-TB drugs is lower than the quality of branded anti-TB drugs? _____	
25.	What is the price difference between generic and branded anti-TB drugs? _____Less than 5% _____5%-10% _____More than 10%	

26.	Do clients find generic anti-TB drugs cheaper than branded anti-TB drugs? _____Yes _____No	
27.	Out of 10 clients who buy branded anti-TB drugs, how many usually purchase: A. Loose tablets/capsules: _____ B. Fixed-dose combination: _____.	
28.	A. If the client cannot afford to pay, do you provide credit (utang)? ___ Yes ___ No B. If yes, how often? _____Always (10 out of ten) _____Most of the time (7-9 out of ten) _____Sometimes (4-6 out of ten) _____Rarely (1-3 out of ten)	
	SOCIAL STIGMA	
29.	A. Are your clients generally shy or hesitant to ask for anti-TB drugs? _____Yes _____No B. If yes, how often? _____Always (10 out of ten) _____Most of the time (7-9 out of ten) _____Sometimes (4-6 out of ten) _____Rarely (1-3 out of ten)	
30.	How do you tell if they are shy or hesitant to ask for anti-TB drugs? _____Have family/relatives or friends buy anti-drugs for them _____Refer to anti-TB drugs as 'vitamins' or medicine for weak lungs _____Others, specify: _____	
31.	How do you deal with shy or hesitant clients? _____ _____	
	EXPERIENCE AND TRAINING	
E 35.	How long have you been working at this pharmacy? _____Years (Round off to nearest yr) _____Less than six months	
E 36.	What is your highest educational attainment? _____Elementary _____High school _____College, specify course: _____	

E 37.	A. Have you ever received any training on TB? _____Yes _____No B. If yes, when and where did you obtain this training? _____ _____ C. Who conducted the training? _____ D. Did the TB training cover DOTS? _____Yes _____No	
E 38.	Have you ever undergone any health related training? _____Yes, specify: _____ _____No	
E 39.	When was the last training you participated in? _____	
KNOWLEDGE OF TB AND TB DOTS		
K 32.	Are you familiar with TB? _____Yes _____No	
K 33.	A. When is TB transmitted? _____ B. How is TB transmitted? _____	
K 34.	What are the symptoms of a person who is sick with TB? Please name as many as you can. (DO NOT READ LIST, BUT PROBE BY ASKING, "ANY OTHER SYMPTOMS?") _____Cough _____Fever _____Weight loss _____Hemoptysis or recurrent blood-streaked sputum _____Sweat and chills _____Fatigue, body malaise _____Poor appetite _____Others, specify: _____	
K 35.	How is TB detected? _____Chest x-ray _____Sputum exam _____Physical Examination _____Skin test _____Others, specify: _____	

K 36.	How long does it take to treat TB? _____	
K 37.	Can you name the available TB drugs in your pharmacy? _____ _____	
K 38.	What happens to a patient who does not complete TB treatment? _____ _____	
K 39.	A. Have you heard of TB DOTS (Directly Observed Treatment Short Course)? _____Yes _____No B. If yes, where/how have you heard it? _____ C. What do you know about DOTS? _____ _____	
SOCIODEMOGRAPHIC CHARACTERISTICS		
40.	To end with, I would like to ask you a few questions about yourself. How old are you? _____Years old	
41.	Sex A. Male _____ B. Female _____	

THANK YOU VERY MUCH FOR HAVING SPENT SO MUCH TIME WITH ME.

ANNEX 3.4

MYSTERY SHOPPER GUIDE

INSTRUCTIONS TO MYSTERY SHOPPER:
Mystery Shoppers will be role-playing as clients of randomly selected pharmacy outlets among the 7 research sites. There are two (2) case scenarios for the mystery shopping. In both cases, you will pose as clients trying to procure anti-TB drugs from the pharmacist or pharmacy assistant of the outlet. Choose only one (1) case scenario as your role from this guide. Each mystery shopper is required to act-out the selected scenario in 4 outlets of the site. Take note of the responses of the pharmacist or pharmacy assistant after each transaction by filling-up the questions in this guide. For each item, tick the response or describe as appropriate prior to the 'mystery shopping'.

Pharmacy ID Code [ ] [ ] [ ] [ ]

Name of Pharmacy

Name of Pharmacist: *(if known)*
Name of Pharmacy Assistant: *(if known)*

Address
Street_____
Brgy:_____
District/Town/City_____
_____

Study staff number [ ] [ ] [ ] [ ]

Selected Scenario (1 or 2) [ ]

Date of the mystery shopping ___/___/___ *<dd/mm/yy>*

Time the transaction started ____:____ *hours : mins*

Time the transaction ended ____:____ *hours : mins*

Name of mystery shopper

Signature of team leader
_____

REMINDERS:

- Orientation will be done initially to the mystery shoppers to familiarize themselves with the scenarios and the guide.
- Prior to fieldwork of the mystery shoppers, it is suggested that a role-playing exercise be practiced with the guidance of the research facilitator.
- At the end of activity, the shoppers have to meet with the facilitator for debriefing. During this particular session, the shoppers will submit their filled-up guide forms and relate their experiences to the facilitator regarding their fieldwork.

SCENARIO # 1 FOR MYSTERY SHOPPER

Scenario: You are a client of the pharmacy outlet who wants to buy an anti-TB drug but does not have a prescription.

Tentative conversation between the Mystery Shopper and the pharmacist or pharmacy assistant:

Step 1	Go to the pharmacy outlet as a Mystery Shopper. Do not go to the subject matter at once. If there are other customers, wait for them to go away or trickle in number.	
Step 2	When entertained by a pharmacist or a pharmacy assistant, ask for an anti-TB drug (or a drug for 'weak lungs'). Do this in the vernacular. Example in Tagalog: *Pabili nga po ng gamot para sa TB (o mahina ang baga).*	
	IF *Possible Follow-up questions from Pharmacists/ Pharmacy Assistant to Mystery Shopper after Step 2*	THEN *Possible Answers to mention by the Mystery Shopper*
2.a	Asked: Do you have a prescription?	Say: I do not have a prescription
2.b	Asked: For whom is the anti-TB drug for?	Say: It is for me.
2.c	Pharmacy or Pharmacy assistant serves your request with his/her choice	Tell the staff that you will just return to purchase the drug.
2.d	Pharmacy or Pharmacy assistant tells you that they do not have any stock	Just leave the pharmacy outlet and say, 'Thank you'
2.e	Asked: Are you enrolled in DOTS program	Say: No
2.f	Asked: Are you under the care of a Physician?	Say: No
2.g	Asked: Can you seek consultation first or transfer to other outlets?	Say: To whom and where
2.h	Asked: Can you get a prescription first?	Say: To whom, where and how
2.i	Pharmacy and Pharmacy assistant gives you an IEC material about TB	Just take it and say, 'Thank you'
2.j	Pharmacy and Pharmacy assistant gives you other advise related to your question	Just listen and thank the pharmacy staff afterwards
Step 3	After the transaction, thank the pharmacist or pharmacy assistant	
Step 4	Remember what has transpired and fill up the appropriate data in the next section.	

QUESTIONNAIRE FOR MYSTERY SHOPPER IN SCENARIO #1

Instructions: Check the responses or describe appropriately how the event transpired with the pharmacist and pharmacy assistant during your role play for Scenario #1.

1.	**Possible responses to an inquiry for an anti-TB drug (or a drug for 'weak lungs'). :** *(Check the response or describe as appropriate.)* **Example in Tagalog:** ***Pabili nga po ng gamot para sa TB (o mahina ang baga).*** **Pharmacist/Pharmacy Assistant:** ___ asks for a prescription** ___ asks for what brand ___ asks for whom the drug is for ___ serves your request ___ declines your request ___ ask if you had consultation with a doctor ___ refers you to rural health unit or health center ___ others, specify_____
2.	****After saying you do not have a prescription, did the pharmacist/pharmacy assistant:** *(Check the response or describe as appropriate.)* ___ refer you to the senior pharmacist on duty ___ refer you to other drugstores ___ refuse to serve your request ___ advise you to get a prescription first ___ advise you to consult a doctor first ___ still serve your request ++ ___ create an excuse not to serve your request ___ others, specify _____
3.	**++After giving you the drug, did the pharmacist/pharmacy assistant:** *(Check the response or describe as appropriate.)* ___ tell you to bring a prescription next time ___ refer you to a government facility next time ___ give you IEC materials on TB ___ advise you: ___ on how to take the drug ___ to have a follow-up consultation with your doctor ___ on the consequences of not taking the drug regularly ___ to take your medication for at least 6 months ___ to take other medications (vitamins, etc) ___ on the side effects of the drug ___ others, specify: _____
4.	**Other comments:**

SCENARIO # 2 FOR MYSTERY SHOPPER

Scenario: You are a client for the pharmacy outlet who is symptomatic of TB but bypasses consultation with a physician. You asks for a recommended anti-TB drug that would cure the symptoms you are experiencing.

Tentative conversation between the Mystery Shopper and the pharmacist or pharmacy assistant:

Step 1	Go to the pharmacy outlet as a Mystery Shopper. Do not go to the subject matter at once. If there are other customers, wait for them to go away or trickle in number.	
Step 2	When entertained by a pharmacist or a pharmacy assistant, ask for an anti-TB drug (or a drug for 'weak lungs') that would minimize or cure the symptoms you are experiencing. Do this in the vernacular. **Example in Tagalog:** ***May irerekomenda ka bang gamot sa TB/mahina ang baga para mabawasan ang masamang pakiramdam ko?.***	
	IF ***Possible Follow-up questions from Pharmacists/ Pharmacy Assistant to Mystery Shopper after Step 2***	**THEN** ***Possible Answers to mention by the Mystery Shopper***
2.a	Asked: Do you have a prescription?	Say: I do not have a prescription
2.b	Asked: Have you consulted a physician?	Say: No. I do not have time.
2.c	Asked: For whom is the drug for?	Say: It is for me.
2.d	Asked: What are your symptoms?	Say: Cough (more than two weeks) with phlegm Fever Chest pain Body weakness Poor Appetite
2.e	Asked: Were you diagnosed?	Say: No, but I have these symptoms *(enumerate the the symptoms mentioned in 2.d)*
2.f	Pharmacist or Pharmacy Assistant refers you to a senior staff	Just tell your situation again
2.g	Pharmacist or Pharmacy Assistant enumerates all the available TB drugs	Say: What drug is the most affordable and yet best for for me?

2.h	Pharmacist or Pharmacy Assistant mentions a specific drug	Say: What is it? How is it taken? How much?
2.i	Asked: Can you seek consultation first?	Say: To whom and where?
2.j	Pharmacist or Pharmacy Assistant serves your request with the choice given	Tell the staff that you will just return to purchase the drug.
2.k	Pharmacist or Pharmacy Assistant tells you that they do not have any stock of drugs for you symptoms	Just leave the pharmacy outlet and say, 'Thank you'
2.l	Pharmacist or Pharmacy Assistant gives you an IEC material	Take it and thank the staff
2.m	Pharmacist or Pharmacy Assistant gives you other advise related to your inquiry	Just listen and thank the staff afterwards
Step 3	After the transaction, thank the pharmacist or pharmacy assistant	
Step 4	Remember what has transpired and fill up the appropriate data in the next section.	

QUESTIONNAIRE FOR MYSTERY SHOPPER IN SCENARIO #2

Instructions: Check the responses or describe appropriately how the event transpired with the pharmacist and pharmacy assistant during your role play for Scenario #1.

1.	Possible responses to an inquiry for a recommended anti-TB drug (or a drug for 'weak lungs') that would minimize or cure the symptoms you are experiencing. *(Check the response or describe as appropriate.)* Example in Tagalog: ***May irerekomenda ka bang gamot sa TB/mahina ang baga para mabawasan ang masamang pakiramdam ko?.*** Pharmacist/Pharmacy Assistant: ___ provides some names of possible anti-TB drugs++ ___ asks for a prescription** ___ asks for whom ___ asks for symptoms (cough, fever, etc) ___ asks if patient was diagnosed (laboratory/doctor) ___ asks for any laboratory results (CXR, sputum smear) ___ refers you to pharmacist on duty or senior staff ___ strongly recommends a specific drug ___ advises client to seek consultation first with a medical doctor ___ advise client to go to a clinic/hospital / RHU ___ others, specify _____
2.	**After saying you do not have a prescription, did the pharmacist/pharmacy assistant: *(Check the response or describe as appropriate.)* ___ refer you to: _____ the pharmacist on duty (of the drugstore) _____ other drugstores ___ advise you to: _____ get a prescription first _____ consult a doctor first ___ still serve your request ++ ___ refuse to serve your request ___ create an excuse not to serve your request ___ others, specify _____
3.	++After saying asking which of the drugs/medications he/she enumerated is affordable and best for you *(Alin sa mga nasabi nyo ang pinakamura at mabisa?)*, did the pharmacist/pharmacy assistant: ___ suggest a specific brand ___ advise client to purchase generic ___ advise client to purchase blister pack (ex. Combi-pack, Continukit) ___ give the patient the options: enumerated prices of drugs ___ refer client to RHU/gov't. hospital for free meds ___ counsel/advise you on TB: ___ DOTS (monitoring of treatment) ___ compliance with recommended dosage and length of treatment ___ side effects ___ consequences of incomplete treatment ___ potential of TB transmission to family and friends ___ follow-up consultation ___ others, specify _____
4.	Other comments:

ANNEX 3.5

EVALUATION FORM FOR MYSTERY SHOPPER

INSTRUCTIONS TO MYSTER SHOPPER:
Please provide an evaluation for each pharmacy outlet you've visited. Your answers to the following questions should be based on your observation of the way your transaction was handled by the pharmacist or pharmacy assistant. For each item, encircle Y for yes or N for no.

Pharmacy ID Code [ ] [ ] [ ] [ ]

Name of Pharmacy

Address **Telephone No.**
Street_____Brgy_____ _____

District/Town/City_____

Study staff number [ ] [ ] [ ] [ ]

Date of this interview ___/___/_____
<dd/mm/yyyy>

Name of Mystery Shopper _____

Signature of Team Leader _____

	QUALITY		
1.	**Was the pharmacist or pharmacy assistant polite?**	Y	N
2.	**Did he/she spend enough time to answer your question?**	Y	N
3.	**Was the information provided clear?**	Y	N
4.	**Did the pharmacist or pharmacy assistant attend to you right away?**	Y	N
5.	**Was the pharmacist or pharmacy assistant pleasant?**	Y	N
6.	**Did you feel that the pharmacist or pharmacy assistant was honest with you?**	Y	N
	ACCURACY		
7.	**Did you feel that the information provided was correct?**	Y	N
8.	**Was the information given current?**	Y	N
9.	**Was the information given trustworthy?**	Y	N
	KNOWLEDGE		
10.	**Did you feel that the pharmacist or pharmacy assistant knew a lot about tuberculosis?**	Y	N
11.	**Were you satisfied with answers given to you?**	Y	N
	COMPLETENESS		
12.	**Was the information given to you adequate?**	Y	N
13.	**Were all your questions answered?**	Y	N
	SATISFACTION		
14.	**Were you generally satisfied with the way your questions were answered?**	Y	N
15.	**Did the pharmacist or pharmacy assistant understand your questions clearly?**	Y	N
16.	**Will you consider going back to the same pharmacist or pharmacy assistant for more questions on TB?**	Y	N

ANNEX 3.6

GUIDE FOR FOCUS GROUP DISCUSSION	
Site ID Code [ ][ ][ ][ ]	
Name of Site	
Study staff number [ ][ ][ ][ ]	
Date of this FGD	___/___/___ <dd/mm/yy>
Time the FGD started	____:____ hours : mins
Time the FGD ended	____:____ hours : mins
Name of FGD Facilitator _____	
Signature of team leader _____	

Introduction

Good evening. Thank you for accepting our invitation to participate in this discussion to help us in our work to improve TB control in this area. We are interested in knowing about how drugs are being dispensed in pharmacies and also learn from your experiences with your drug customers. We are doing this to explore different ways of involving the pharmacies and drugstores in TB control. We hope this discussion will not last more than an hour. I have a few topics that I wish to propose to guide our discussion. Please be assured that this discussion is strictly confidential and your name will not be recorded. Shall we begin?

GUIDE QUESTIONS

A. Client Buying Practices

We are interested in knowing how clients obtain TB drugs.

- How large do you think is the demand for Anti TB Drugs in your pharmacy ?
- For example, how many clients ask for anti-TB drugs per day?
- Do they tend to ask for Branded or Generic drugs? What about combi-paks?
- When they ask for these drugs, do they actually purchase them there and then?
- Do they usually come with a doctor's prescription? (find out what is most common)

B. Social Stigma Attached to TB Clients

Some people think that if TB is a dreaded disease and they would not usually admit to being inflicted with the disease.

- Do you have this kind of feeling when you interact with a customer who ask for TB drugs?
- Do you perceive this attitude among your customers who are asking for TB drugs? How or in what way?
- How do you deal with these customers when you perceive that they are hesitant or shy to ask for the drug?
- Are the customers asking for TB drugs the patients themselves or someone else? If not the patient, how is the customer related to the patient?

C. Willingness of Pharmacists to Participate in DOTS Initiative

You know, pharmacies are important in the fight against TB because a large number of TB clients self medicate bypassing the health system by going straight to the pharmacies to ask for TB drugs. The National TB Program has introduced a policy to address the TB problem in the country.

- Are you familiar with recent developments with regard to managing Tuberculosis? Have you heard of the DOTS? Can you explain this method?
- What might be the role of pharmacies in implementing DOTS? In general, in what ways, do you think, can pharmacists/pharmacies help/assist TB clients access quality care for his/her ailment? Please be specific.
- Do you think that there is an opportunity for you to counsel a self-medicating clients on what to do ? Can this be done in the present set up? Would you or your staff be willing to do this?
- Do you think you can do minimal recording work for this type of customers?
- What should be done to allow you to participate in DOTS?

D. Nature of Pharmacy Participation

- Some suggest that pharmacists should engage in counseling or referring clients to nearby hospitals or DOTS clinics to ensure that patients get treated properly.
- Do you think this is possible in your situation?
- If not, why not? If yes, how?
- Do you think you as owners would support this? (if a pharmacist, Do you think your owners will be willing to have you undertake this activity?

THANK YOU VERY MUCH FOR YOUR COOPERATION.

ANNEX 4
FOCUS GROUP DISCUSSION REPORTS

Annex 4.1 CAGAYAN DE ORO CITY

July 17, 2003
7:2 0-9:15pm
Dynasty Court Hotel
FGD Facilitator: Dr. Marilou Costello
Documenters: Dr. Ferdinal M. Fernando/Ms. Vida Gabe

Participants: 4 Pharmacists
2 Drug Store Owners
1 Officer (Secretary) of the Misamis Oriental Pharmacy Association (MOPA)

I. SUMMARY

There were seven (7) participants for the focus group discussion. This was facilitated by Dr. M. Costello with the assistance of Dr. F. Fernando and Ms. V. Gabe.

The session started with the introduction of the participants and the presentation of the objectives of the pharmacy study as well as the FGD session. The participants were also presented with the prevalence of tuberculosis in the country vis-à-vis the situation in Cagayan De Oro. This was followed by discussions regarding PhilTIPS and the five elements of the DOTS strategy for TB management.

The general findings from the FGD proper have been listed in the next section.

II. FGD PROPER

A. CLIENT BUYING PRACTICES

- The number of clients reported buying anti-TB drugs varied from pharmacy to pharmacy. The volume of customers buying anti-TB drugs, according to one drugstore owner is less than 5% of the total sales of his pharmacy. Other participants share the same experience.

- According to the participants, majority of TB patients are prescribed with 1 month to 3 months supply of anti-TB drugs by the RHU or by other doctors. This was done to encourage personal follow-up with the medical doctor.

- Branded anti-TB drugs were reported to be more popular since these were the types of drugs mostly prescribed by doctors. The customers have a tendency to buy the brand of medication prescribed by the doctor even if the pharmacy personnel offered them other cheaper generic medications.

- Based on the participants' experience, majority of their customers purchase anti-TB medications by piece (tingi). The pharmacists and pharmacy assistants have to cut the blister packaging of the anti-TB drugs (e.g. Myrin, Myrin Forte) just to comply with the buying capacity of their customers.

- Generally, pharmacists reported that initial clients rarely ask for anti-TB drugs without presenting a prescription. The few that do attempt to buy without a prescription are refused by most pharmacies. It is important to note, however, that only around 50% are asked to present a prescription in the first place since most customers, particularly those buying for "maintenance", are already recognized by the pharmacies as regular (or *suki*) clients.

- On the question of whether pharmacists should sell to patients who do not buy the complete set of medication prescribed by the doctor, one participant suggested that perhaps, pharmacies should <u>all</u> agree not to sell TB drugs to clients unless they agree to buy everything prescribed. It was pointed out, however, that this may be difficult to implement, given that some clients lack the financial means to buy everything prescribed by their doctor at once.

- The following are some of the available adult anti-TB drugs currently in the participants' specific market as pointed out by the participants:
    - 4D Plus (Novartis)
    - 4D w/o Ethambutol (Novartis)
    - Rifater (Glaxo)
        - Daily Pack – mini, maxi, regular

        - Daily Pack Plus – mini, maxi, regular
    - Tri Pack, Quad Pack, Tri Pack w/o Ethambutol (UAP)
    - Myrin (Wyeth)
        - Myrin (8 tablet pack) - 4 months maintenance
        - Myrin P Forte (8 tablet pack) – 2 month intensive
    - Molecure 1 & 2 (NotraPharm)
        - Combination (INH + Rifampicin)
        - Ethambutol with AntiTB drug

- The immense selection of packages available for anti-TB drugs is something which participants agreed that pharmacists (and their assistants) should be well acquainted with. One suggestion on how to accomplish this is the conduct of a product presentation by agents of drug companies.

- The participants also stressed out that there are blister packs that are composed of different tablets of PZA, INH, RIFAMPICIN and ETHAMBUTOL. There are also anti-TB drug formulations that are considered as fixed dose combination which are more acceptable to customers since compliance is facilitated, ie. instead of taking so many tablets of different anti-TB drugs, the customers are only taking one.

B. SOCIAL STIGMA ATTACHED TO TB CLIENTS

- Participants pointed out that, nowadays, there are only few clients shy or hesitant to buy anti-TB drugs.

- One reason for this may be that some of the clients are unaware that they, themselves, have TB since their doctors neglect to inform them. This is where the pharmacists come in since people are sometimes more comfortable talking with the pharmacists instead of with their doctors. In instances like this, it is up to the pharmacists to give details. Problems may arise, however, when some pharmacists start taking on the role of doctors and begin prescribing medicine to their clients.

- Pharmacy assistants (PAs) who are the ones mostly dealing with the clients are mostly college graduates because of BFAD requirements. In rare cases, you may find pharmacy assistants who are not college graduates but at the bare minimum these PAs will have at least studied in college for a year or two.

- In cases of confusion between the client and the PA, the general practice is for the PA to refer the client to the pharmacist.

C. WILLINGNESS OF PHARMACISTS TO PARTICIPATE IN THE DOTS INITIATIVE/ ROLE OF PHARMACY PERSONNEL

- It was unequivocally agreed upon that regardless of the details, pharmacists have a BIG role to play in the DOTS initiative. The participants are in agreement that counseling and referring patients can be done at their level.

- Participants were willing to help in counseling or educating patients on the proper treatment for TB and on basic TB information. If possible, a patient counseling area should be made available. (Note: As required by the local pharmacy association and the local BFAD, pharmacies in Cagayan de Oro are already provided with a "Patient Counseling Area" with corresponding signs. The signages are hung in every pharmacy in CDO. While these signs do not necessarily translate to actual counseling areas, at the very least, they do show clients that counseling is available when needed). Counseling should be kept to a maximum of 5 minutes whenever possible.

- It was suggested that posters and leaflets containing information on TB should be made available for clients to read while waiting. The information on these materials should be written in the local dialect (Bisaya) to facilitate understanding of the basic messages on TB.

- Monitoring and referral to doctors practicing DOTS were also other activities participants were willing to consider. To make referral easier, it was suggested that pharmacies be provided a list of doctors practicing DOTS in the city. For monitoring, it was cited that questionnaires be filled out by clients regarding their treatment.

- In the discussion regarding possible training for pharmacists, it was agreed upon that the ideal amount of time to be allotted for training was around 3 days. A 'Certificate of Participation' should, of course, be provided to pharmacists who attend the training. Participants also added that they preferred training to be conducted only with the pharmacists. After which, each of these pharmacists will train their respective pharmacy assistants. These PAs need not be trained separately. It will be the responsibility of the pharmacists.

- When asked what incentives would induce them to participate in the DOTS initiative, participants answered that they were willing to participate because it was something "worthwhile," knowing that they were doing something to help TB patients. Also, participants saw it as a 'win-win' situation. They saw it as an opportunity to bring in more business since counseling may encourage people to go back and buy some more drugs to complete their treatment. They also acknowledged that linking to doctors practicing DOTS affords them a symbiotic relationship with them since additional clients will patronized their drugstores.

- The participants agreed that they would wait for our feedback as to their final participation in the program pending the completion of the pharmacy study.

- They also emphasized that the PhilTIPS initiative for the pharmacy model should fully collaborate with the pharmacy association (MOPA) to make a broad-based impact and wide cooperation amongst pharmacists and pharmacist cum owners.

Annex 4.2 CEBU CITY

July 23, 2003
6:30 – 9:30 pm
Rosal and Adelfa Room, Marriot Hotel
FGD Facilitator: Dr. Marilou P. Costello
Documenters: Dr. Jesus Emmanuel Sevilleja/ Ms. Ella Llanto
Participants: 9 Pharmacists
2 Drug Store Owner and Pharmacist
2 Drug Store Purchaser and Manager
1 Pharmacist and Faculty (Univ. of San Carlos)
1 Pharmacy Assistant

I. SUMMARY

There were fifteen (15) participants for the focus group discussion (FGD).

The session started with the introduction of the participants and the presentation of the objectives of the pharmacy study and the FGD session. This was followed by an orientation on PhilTIPS and the five elements of the DOTS strategy for TB management led by Dr. Costello.

It should be noted that the majority of the participants have already been exposed to several sessions of training on Counseling, STD Case Management and Contraceptive Programs conducted by other international agencies.

The general findings from the FGD proper have been listed in the next section.

II. FGD PROPER

A. CLIENT BUYING PRACTICES

- Myrin-P is the strongest selling anti-TB drug since it was the latest anti-TB drug launched in the market.

- On the average, pharmacies engaged in retail sell 1 box of Myrin-P every month.

- On the average, pharmacies engaged in wholesale sell 3 boxes of Myrin-P every month.

- TB patients usually purchase branded anti-TB drugs because it is what is commonly prescribed by the doctors.

- TB patients usually go around the city to canvass prices of anti-TB drugs. They tend to go to pharmacies engaged in wholesale and retail because they could buy the medications at the wholesale price. These pharmacies are concentrated in downtown Cebu. The pharmacies in uptown Cebu are primarily engaged in retail.

- Pharmacies deal with clients with prescription most of the time. According to them, very few come to them without prescription. Those who do not have prescription are told to consult a doctor first.

- There are instances when the pharmacy sells anti-TB drugs even without prescription. This is usually the case when clients are in the maintenance phase. The clients are either *suki* of the pharmacy or they bring the old pack of medications when buying.

B. SOCIAL STIGMA ATTACHED TO TB CLIENTS

- Sometimes, pharmacies encounter clients refer to Trisofort as "vitamins for the lungs". Doctors would sometimes actually write "vitamins for the lungs" in the prescription. They use this euphemism to avoid stigma.

- Clients usually tell pharmacies that they are buying the TB medication for a relative, friend or neighbor.

- There is a TB pavilion in Cebu but TB patients would not want to go there since they would be more stigmatized.

C. WILLINGNESS OF PHARMACISTS TO PARTICIPATE IN DOTS INITIATIVE

- Only 2 of the 15 FGD participants have heard of DOTS. However, they only have a superficial knowledge of the subject.

- The pharmacies could set aside 6-months supply of anti-TB drugs for each expected number of clients plus some buffer stock. The problem with this is that the specific drugs that would be stocked by the pharmacies might not coincide with the drugs that would be prescribed by physicians.

- According to the pharmacy owners, the presence of free anti-TB drugs in the RHUs would not significantly affect their sales since they cater to a different set of clientele. Moreover, the packaging of the free drugs given by RHUs is different from the commercial drugs being sold by pharmacies.

- It is reported that some RHUs sell the free anti-TB drugs to the small drugstores. This may be one of the reasons why RHUs run-out of anti-TB drugs.

- It is reported that there are private laboratories, which "manufacture" the results of the patient's chest x-ray so that the patient could get a clear bill of health and would eventually get hired. The private laboratories do this for a fee.

- The pharmacies noted the benefit/advantage of using sputum rather than CXR in detecting TB.

- There was common consensus to ensure compliance of patients with the complete drug regimen. Patients prematurely stop taking medications for the following reasons: 1) They already feel well after a few drug intake; and 2) Side-effects of anti-TB drugs (some blame the pharmacies for selling expired drugs).

- The pharmacies are willing to take part in information and education campaign. They would educate their clients on the consequences of not completing the TB treatment.

- On a deeper level, pharmacies are also willing to do counseling. The challenge now for pharmacies is to set aside sufficient time for it. On the other hand, the clients must also be willing to be counseled. Some clients might find counseling cumbersome and thus avoid pharmacies offering counsel. Hence, some pharmacies expressed their concern that they might lose clients.

- The pharmacies are quite hesitant to engage in partnering with a DOTS center. They would like to take it one-step at a time. According to them, perhaps start with information dissemination and counseling. Afterwards, do an impact evaluation and decide on the next course to take.

- Pharmacies recognize the need for training their pharmacists and pharmacy assistants. However, they see the role the BFAD must play in order to get the commitment of pharmacy owners to this endeavor. They would also like to see an endorsement from Sec. Dayrit regarding the Pharmacy DOTS Initiative.

- One suggested strategy is to talk to the city health officer and the regional DOH director in order to get the commitment of the pharmacy owners to take part in this project. The DSOP has a weak clout over the drugstore owners.

- Pharmacies must be able to combine corporate social responsibility and business acumen.

ANNEX 4.3 DAGUPAN CITY

July 17, 2003
6:30 – 8:30 pm
Pedrito's Restaurant –Arellano Branch
FGD Facilitators: Dr. Jesus Emmanuel Sevilleja/ Dr. Juan Antonio Perez
Documenter: Ms. Ella Llanto
Participants: 8 Pharmacists

I. SUMMARY

There were eight (8) participants for the focus group discussion (FGD).

After the introduction of the participants, Dr. J. Perez conducted an orientation on PhilTIPS and the five elements of the DOTS strategy for TB management.

The general findings from the FGD proper have been listed in the next section.

II. FGD PROPER

A. CLIENT BUYING PRACTICES

- In 1995, TB disproportionately struck the poor, the adults and those who reside in the urban area in Dagupan.

- Only those who could afford the TB treatment got cured. Many of the poor patients failed to complete TB treatment.

- In Pangasinan Medical Center (PMC), a private hospital, the number 1 disease is the upper respiratory tract infection followed by TB.

- In the downtown area, sale of anti-TB drugs is increasing leading to frequent stock-outs of anti-TB drugs.

- The PMC pharmacy does not sell anti-TB drugs for two years now because there are plenty of dispensing doctors.

- More people buy branded anti-TB drugs than the generic because doctors usually prescribe them.

- There is an abounding view that branded anti-TB drugs are more effective relative to the generic.

- There is also a common perception that generic anti-TB drugs are expired branded anti-TB drugs that have been repacked as heard in the news report.

- Combi-packs by Novartis and Zuellig are very sellable.

- Drugstores near hospitals rarely encounter clients without prescription. Their clientele primarily consists of hospital patients who have been diagnosed by a doctor prior to their visit to the pharmacy.

- Drugstores far from hospitals encounter few new TB case clients without prescription.

- Clients without prescription are in the maintenance phase and usually come to the drugstore for drug refill. Hence, these *suki* are able to buy anti-TB drugs even without prescription.

- Drugstores tell clients asking for "vitamins for weak lungs" to go see a doctor first and then come back to buy anti-TB drugs from them.

- Drugstores tell clients who could not afford the anti-TB drugs to go to the health centers. However, health centers run-out of anti-TB drugs more often than not. Moreover, TB patients need to wait in line before they are serviced. They even get some scolding and admonishment from the health workers. The *palakasan* system is also widespread in health centers.

B. SOCIAL STIGMA ATTACHED TO TB CLIENTS

- There are instances when doctors do not directly say to the patient that he has TB. Rather, they tell the patients that they have weak lungs or primary complex if the patient is a child. Patients understand, however, that weak lungs refer to TB.

- When buying anti-TB drugs in pharmacies, patients either hand-out the prescription to the pharmacist without saying anything or tell the pharmacist that he would like to buy vitamins for weak lungs. The pharmacist understands that the client is actually requesting for anti-TB drugs.

C. WILLINGNESS OF PHARMACISTS TO PARTICIPATE IN THE DOTS INITIATIVE

- The pharmacists were willing to support the following elements of DOTS: uninterrupted drug supply, DOT, and reporting. Their main query, however, is HOW?

- The pharmacists agree that they have enough time to counsel TB clients.

- They are also willing to be treatment partners provided that sufficient training is given to pharmacy front-liners. However, it may be difficult to get them to attend the training due to time, money (no work, no pay) and substitute-worker constraints.

- There is a need to convince pharmacy owners of the benefit they could get from participating in DOTS so as also to give a push to their employees.

- There is some concern that the pharmacies might get the ire of doctors since the doctors might misinterpret the counseling done by the pharmacists. The doctors might think that the pharmacists are usurping their role.

- The pharmacies could refer clients to health centers and DOTS Center. Fear that sales of anti-TB drugs might go down arose when pharmacies practice referrals. This would not materialize

since pharmacies have a captured market (for instance, workers with medicare). Moreover, the government could only cater to 60,000-70,000 cases whereas the actual case rate in the Philippines is 250,000.

- The pharmacists and pharmacy owners are open to the possibility of a link-up between the pharmacy and a DOTS center. This will be taken-up further on the DSOP Convention in Bacolod City this August.

ANNEX 4.4 DAVAO CITY

July 25, 2003
7:30-8:30 pm
Jade Restaurant, Marco Polo Hotel
FGD Facilitator: Dr. Ferdinal Fernando/ Dr. Juan Antonio Perez
Documenter: Ms. Vida Gabe

Participants: 4 Pharmacists
5 Drug Store Owners and Pharmacists
1 Drug Store Owner and DSAP Officer
1 Board of Director Member of DSAP and Pharmacist
1 Davao Pharmacy Association Officer (President)

I. SUMMARY

There were twelve (12) participants for the focus group discussion (FGD). Majority of the pharmacist in the focus group discussion (FGD) have already been trained on patient counseling, STD Syndromic Management and Contraceptive Options by other international agencies. The FGD was facilitated by Dr. F. Fernando with the assistance of Ms. V. Gabe.

The session started with the introduction of the participants and the presentation of the objectives of the pharmacy study and the FGD session. The participants were also given an orientation on PhilTIPS and the DOTS strategy for TB management by Dr. J. Perez. The country scenario on the issue of tuberculosis was likewise presented.

After the initial introductions, it was then emphasized that the discussion proper will be divided into three parts. These are: client buying practices; social stigma attached to TB clients; and, willingness of pharmacists to participate in the DOTS initiative and their corresponding roles. The participants were encouraged to express their experiences and opinions regarding the topics and issues presented.

The general findings from the FGD proper have been listed in the next section.

II. FGD PROPER

A. CLIENT BUYING PRACTICES

- The demand for anti-TB drugs depend on the following factors:
  - ❖ Location of the pharmacy outlet: The number of anti-TB clients per day was reported to vary according to location. Higher numbers (7 out of 10 clients) were reported for pharmacies located in depressed or slum areas (i.e. market) as opposed to areas located within the city proper (less than 10 clients per day).
  - ❖ Presence of nearby health centers: There would be less demand for anti-TB drugs from pharmacy outlets, especially with generic products, if they are near rural health centers (e.g. Pharmacy outlets in Agdao).
  - ❖ Number of passers-by: Areas in Davao City that have dense concentration of passers-by will have a greater demand not only for anti-TB drugs but for other drugs as well (e.g. Pharmacy outlets located near the airport do not have much clients).
- Fast moving anti-TB drugs for the participants are the Myrin group, Rifater, Rimactazid, 4D, 4D-Plus and other blister-type of packaging.
- The demand for branded or generic drugs is usually based on the following:
  - ❖ what the doctor prescribes for the patient; and,
  - ❖ location of the pharmacy outlet: Generally, branded drugs are more commonly bought in the city while generic drugs are more commonly bought in pharmacies located in the market area or near urban poor dwellings.
- As a general rule, clients/customers of pharmacy outlets are required to present prescriptions in buying their antibiotics and surrender them with the pharmacy personnel. However, since there are customers who buy anti-TB drugs on 'a per piece basis', pharmacy personnel just jot down remarks in the prescription noting the actual number of drugs bought. In cases wherein customers are already regular buyers (i.e. *suki)* of anti-TB drugs, pharmacy personnel no longer asks for their prescriptions.
- There are also TB clients who bring the empty foil or blister packaging of the anti-TB drugs they have been using and show them to the pharmacy personnel as a substitute for the prescriptions.

- Pharmacists and their pharmacy assistants encounter prescriptions with anti-TB drug-supply usually good for 6 months. They do not encounter prescriptions with less than 1-month supply of prescription.

- There are also prescriptions that only show the brand of the anti-TB drug without the generic name of the product as prescribed by the *Generics Act.* This causes some difficulty in shifting from a more expensive brand to a more affordable anti-TB drug in generic form.

- There are TB clients who do not choose other affordable generic anti-TB medications even if the pharmacy personnel advised the availability of cheaper products. Despite the high price, these clients still follow what has been prescribed by the physician.

- There are prescriptions with several types of anti-TB drugs listed. The participants encountered clients who would ask their assistance to help them prioritize or choose which should be bought first due to budget constraints. The pharmacists, although they fully know the dangers of drug resistance in poorly complying patients, are just forced to comply with the demands and situation of their clients just to avoid their ire or anger.

- While it was noted that the Department of Health wants anti-TB drugs to be dispensed only with proper medication instructions, this has proven to be difficult to control since sometimes the customers themselves are not the ones sick with TB.

- DOH also wants pharmacies to refuse to sell to clients not buying the full amount prescribed but this is difficult to implement since pharmacies would be lowering their profits and at the same time infuriating patients who believe that pharmacists do not have the right to refuse their request. Also, some clients simply cannot afford to fill out their prescription. When this happens, pharmacists still sell the anti-TB drugs to the clients as well as counsel them to complete their treatment. Despite this, however, clients may still not realize the importance of completing their treatment since the pharmacy assistants who are the ones mostly dealing with the customers may neglect to counsel them.

- The participants sometimes encounter clients who are unable to continue their medication due to budget constraints. These clients are usually referred to the health centers. However, there are times that these clients would return to them to buy their medication on a 'per piece basis' (i.e. *tingi-tingi)* due to the unavailability anti-TB drug supply in the health centers.

B. SOCIAL STIGMA ATTACHED TO TB CLIENTS

- Participants noted that some clients would get angry if they were told that they had TB since most people are afraid of having the disease.

- The term *"vitamins sa baga"* (i.e. vitamins for the lungs) is a common way of referring to anti-TB drugs and applies to most, though not all, clients of anti-TB drugs.

- Participants do not harbor the feeling of dread towards the TB client. They treat all their clients in the same way without prejudice and also with good quality service.

C. WILLINGNESS OF PHARMACISTS TO PARTICIPATE IN THE DOTS INITIATIVE/ ROLE OF PHARMACY PERSONNEL

- The participants made several suggestions in extending the role of pharmacists and pharmacy assistants.

  - ❖ Provision of Counseling by Pharmacy Personnel: Participants were willing to undergo training to give counseling to clients regarding TB. They saw training as an opportunity to gather more information on the issue.

    - Training sessions should be conducted for both pharmacists and pharmacy assistants but these sessions should be kept separate from each other since trainings/seminars for PAs will require more simplified instruction. Training for PAs should also include information that they can disseminate within their neighborhood as well (not just in the workplace/pharmacy).

- The recommended amount of time needed for the trainings were: 2 days for pharmacists (1 day for lecture/instruction and another day for workshop) and 1 day for pharmacy assistants.

❖ Cooperation of the Local Pharmacy Association: The local pharmacy association is willing to invite speakers and coordinate the invitation of participants to the training sessions. In addition, the local pharmacy association's annual meetings for the local chapter may be used as a possible venue for the seminars/trainings.

❖ Establishing a Mechanism of Dialogue between Dispensing Health Providers and Prescribing Health Providers: Another suggestion raised during the meeting was to have a possible dialogue between pharmacists and doctors on dealing with TB patients. This dialogue may cover referrals and linkages between the pharmacies and the doctors as well as other issues such as the tendency to dispense branded anti-TB drugs without generic counterpart. However, concerns were also raised of possible tensions between doctors and pharmacists since the two groups generally regard each other as competitors.

❖ Conduct of Outreach Programs: It was also suggested that in addition to counseling clients of anti-TB drugs, efforts should also be made to educate people in remote places via outreach programs to be conducted by barangay health workers and other volunteer health personnel. The local pharmaceutical association is, in fact, already planning one such outreach program and one possibility may be to include TB counseling in the program provided that the people involved will be given proper training.

❖ Recording and Monitoring: Recording and monitoring was seen as time consuming and difficult as well as belonging to the role of the BHWs. However, some of the pharmacists involve with the TRIPLE SSS project of PATH have already been doing this.

❖ Adopt a Patient: This involves having each pharmacist monitor a particular patient. Monitoring and counseling of the patient may be considered as a possible basis for the honorarium incentive as described below.

- While the suggestion to "adopt a patient" was positively received by the participants, a valid concern was also raised regarding potential contamination from TB patients. One possible solution to this problem may be to include information on ways to prevent contamination during the training sessions. Whether this solution alone is sufficient or not, remains to be seen.

❖ Partnerships with DOTS Center: Participants were willing to consider partnership with a DOTS center as long as payment for anti-TB drugs is assured. Streamers (i.e. *DOTS Partner Center*) were also suggested to indicate collaboration. In case of partnership between a pharmacy and a DOTS center, monitoring may be possible since the list of patients to monitor becomes more official.

- The identification of partnerships between pharmacies and DOTS centers should be decided by the project in relation to accessibility (through survey of number of TB patients per community; local pharmacy association may be able to help out with this survey).

- Motivating factors cited for participating in the program include the sense of community service and professional growth. A suggested incentive for participation was to provide honorariums for participating drugstores as well as to pharmacists who are able to monitor and record complete data.

ANNEX 4.5 GENERAL SANTOS CITY

July 22, 2003
8:00-9:00pm
Orient Seas International Cuisine
FGD Facilitator: Dr. Ferdinal Fernando
Documenter: Ms. Vida Gabe

Participants: 3 Pharmacists
6 Drug Store Owners and Pharmacists
1 Officer of the GSC Pharmacy Association (President)
3 Officers of the DSAP (VP External, Secretary, Treasurer)
1 Manager/Supervisor

I. SUMMARY

There were fourteen (14) participants for the focus group discussion (FGD). It is noteworthy to mention that all of these participants have already been trained on patient counseling, STD Syndromic Management and Contraceptive Options by other international agencies. The FGD was facilitated by Dr. F. Fernando with the assistance of Ms. V. Gabe.

The session started with the introduction of the participants and the presentation of the objectives of the pharmacy study as well as the FGD session. The participants were also presented with the prevalence of tuberculosis in the country vis-à-vis the situation in General Santos City. This was followed by an orientation on PhilTIPS and the five elements of the DOTS strategy for TB management.

After the initial introductions, it was then emphasized that the discussion proper will be divided into three parts. These are: client buying practices; social stigma attached to TB clients; and, willingness of pharmacists to participate in the DOTS initiative and their corresponding roles. The participants were encouraged to express their experiences and opinions regarding the topics and issues presented.

The general findings from the FGD proper have been listed in the next section.

II. FGD PROPER

A. CLIENT BUYING PRACTICES

- All participants agreed that there is a demand for anti-TB drugs in their respective areas. However, there is a difference in the magnitude or size of the demand. Majority of the participants (n=10) participants reported that anti-TB drugs accounted for 10-15% or 10-20% of their total drug sales. Reasons for such are:
  - based on prescriptions of doctors;
  - pharmacists know a lot of customers with TB (i.e. they are already serving a relatively large base of customers under anti-TB management) ;
  - pharmacists' ability to identify key opening lines or remarks of some customers inquiring about drugs for TB (i.e. they are able to counsel and eventually serve the request of the customers after proper prescription);
- Other participants (n=4), however, mentioned lower sales for anti-TB drugs in their areas. Factors cited to for their lower sales are:
  - free drugs given by rural health units/health centers (i.e. as experienced by pharmacy outlets in Polomolok, they rarely serve anti-TB drugs since TB clients are already being served by the public health sector);
  - availability of drugs in the pharmacy requested by customers (i.e. as experienced by pharmacy outlets in the 'back-side' of the Public Market);
  - proximity to clinics/hospitals (i.e. a pharmacy outlet located far from a clinic or hospital misses out on referrals from doctors);
  - prescriptions given by specialists (i.e. some pharmacy outlets are located near the physician's clinic that have a specialization that does not cater to pulmonary pathologies but cater to cardio-vascular/ obstetric/ gynecologic/ endocrine cases);
  - accessibility of pharmacy outlet to passers-by (i.e. some pharmacy outlets are located in areas with dense concentration of people in transit such as the 'front side' of the Public Market; and,
- It was also reported that 60% of their customers for anti-TB drugs buy with prescription while around 40% do not present prescription when buying. These customers comprising the 40% are referred to as 'walk-in' clients by the FGD participants. Majority of these 'walk-ins' are buying for "maintenance." As a general rule, only clients buying with prescriptions are served. However,

regular clients recognized by pharmacy personnel who are buying anti-TB drugs for maintenance are eventually served even if they do not present a prescription.

- Participants agreed that there is a higher demand for branded anti-TB drugs in contrast to generic anti-TB drugs. The reason for this is prescription-based. Branded anti-TB drugs usually bought in their areas are: the Myrin group, Rifater, 4D, Econopack and Econokit.

- If the client finds branded anti-TB drugs expensive, the pharmacists do not attempt to influence the client to buy other more affordable generic drugs. As pharmacists, they do not like to change the prescription given by the doctor. Aside from this, customers tend to follow the brand that was actually prescribed.

- Majority of clients with financial constraints were observed to buy certain anti-TB drugs on a daily basis. This was observed by pharmacists whose outlets are near or within the market place where there is a large concentration of lower-class passers-by.

- Pharmacy assistants mostly attend to clients. Not all of the PAs are college graduates. Some are high school graduates and others are *Pharmacy Aid Vocational Course* graduates (2 years).

B. SOCIAL STIGMA ATTACHED TO TB CLIENTS

- The participants in the FGD claim that they do not harbor any general feeling that the **TB patient** should be dreaded and be prejudiced. Whenever they encounter clients with such a disease, they just act as normal as possible. However, they do recognize the potential harm the encounter may cause them. There is a possibility that they can get infected by the TB clients they serve, especially if the client is symptomatic. From this perspective, they do perceive that the **TB disease** is a dreaded disease. They try to keep their distance from TB patients when they exhibit symptoms such as coughing or fever. Pharmacists themselves tend to be particularly wary of clients who cough in front of them or ask for a glass of water to drink their TB medication. Some of the participants emphasized that they would put some distance between themselves and their clients and would really stay behind the counter of the outlet. In other cases, pharmacy personnel would throw away the glass used by the TB clients in drinking their medication.

- To exemplify how they deal with their TB clients without any discrimination or dread, participants specifically mentioned that they would show good customer service. This would prove that they were not ashamed, uncomfortable nor frightened by the encounter.

- Participants noted that generally, clients are not shy or hesitant to ask for anti-TB drugs. Among those who are shy or hesitant, the usual opening line is to ask for "*vitamins sa lungs*" (vitamins for the lungs). The participants mentioned that there would be more cases of hesitant clients inquiring for STD drugs than those who would inquire about anti-TB drugs.

- There were peculiar experiences shared by all of the participants with regard to the use of anti-TB drugs, particularly *Rifampicin*. Some have encountered clients asking for "*gamot para sa sakit sa tulo*" (i.e. medication that would cure genital discharge); and on deeper probing it would be revealed that the clients are referring to *Rifampicin.* There were also cases that some clients would directly ask for *Rifampicin* without mentioning that it is really for their genital discharge. The participants even experienced encountering prescriptions of *Rifampicin* for suspected gonorrhea cases.

C. WILLINGNESS OF PHARMACISTS TO PARTICIPATE IN THE DOTS INITIATIVE/ ROLE OF PHARMACY PERSONNEL

- Only one (1) out of the 14 participants have 'ever heard' or 'ever been familiar' with DOTS. The participant's knowledge about it prior to the FGD was only limited to the familiarity with the term 'DOTS' itself which she heard from other health specialists of the Department of Health.

- The participants agreed that pharmacists and pharmacy assistants definitely have a role to play in the DOTS initiative. It was mentioned that clients go to them first and bypass consultations with physicians because of financial constraints. Clients find it too costly to seek consultation first prior to buying their medications. They find it cheaper and cost-effective if they go first to the pharmacy outlet and seek the assistance of the pharmacy personnel.

- It was determined that the possible role of both the pharmacists and their assistants in implementing the DOTS strategy would be the same and would involve the following:

  - Monitoring and Recording: This is with regard to the effect of the drugs; the condition of the client; the client's improvement in health, if any; and, client's compliance with the medication. However, later in the discussion, it was pointed out that monitoring and recording would be difficult to do since it is "time-consuming" and "*matrabaho*" (a lot of work). There might also be difficulty when a client decides to buy at a different drugstore and thus, would disrupt the monitoring and recording in the original store.

  - Counseling: This should emphasize the importance of compliance and serve as an expansion of the counseling received by clients in the clinic. This means that the client should already learn at the level of the doctor-patient interaction all about DOT and the requirements involved. Counseling by pharmacy assistants may be limited and should be assisted or supervised by their pharmacists. Counseling could be done in a designated area of the pharmacy outlet. However, there is a valid **fear** expressed by the participants with regard to this role. This activity could increase the likelihood that the pharmacy personnel can be infected by the TB disease by virtue of their proximity and counseling set-up with the TB client.

  - Referral: Pharmacy personnel should know where and to whom to refer the suspected cases of TB they encounter in the outlet. There could be referral to other physicians in clinics or hospitals or referral to senior pharmacists by pharmacy assistants.

  - Assuring continuous supply of anti-TB drugs: Although drug supply at the level of the pharmacy outlet is demand-driven, the pharmacy personnel should also take into consideration what anti-TB drugs are frequently requested and bought. They should bring this always to the attention of the purchaser of the outlet to properly monitor stock levels. The participants also pointed out that the problem of drug supply may also come from the suppliers themselves who tend to prioritize supplying pharmacies in Luzon over those in Mindanao.

- Aside from what was mentioned in the points above, the participants reiterated the importance of pharmacy assistants being equipped with the appropriate knowledge on the subject matter of TB and its management.

- It was recommended that the pharmacy assistants be trained directly by selected 'project coordinators' or trainers of PhilTIPS (and not by their pharmacists) to boost their sense of importance. Trainings may also include the branch managers and area managers of each pharmacy outlet for the same reason cited. However, not all pharmacy assistants should be

trained. The participants emphasized the need to screen and choose PAs who could be trained appropriately.

- Trainings/seminars should be 3-5 hours long for pharmacy assistants and 1 day for pharmacists. They should include information on TB, its clinical symptoms and treatment as well as information on the different anti-TB drugs available. Trainings or seminars should be adapted to the needs and level of competency of the participants.

- Posters, leaflets or pamphlets on TB; and a list of doctors willing to treat patients using DOTS should be made available to the participating pharmacy outlets.

- Identification of certain pharmacy outlets as TB DOTS partners may serve as an incentive for joining the program.

- Partnership or coordination should be made between the PhilTIPS and the local pharmacy association. Officers of the *General Santos Pharmacy Association* present during the discussion strongly emphasized that their association could easily coordinate or facilitate communication with their members with regard to meetings, trainings or seminars related to the DOTS initiative. It is very advantageous if a partnership or a memorandum of agreement between 'PhilTIPS' and the local pharmacy association were established for this purpose. In exchange for the cooperation of the association, as experienced in partnerships with other agencies, the local pharmacy association will eventually get a certain percentage of the expenses incurred on the seminars or trainings to be sponsored by 'PhilTIPS'. Based on their previous experience, a 10% share given to the association is acceptable and acts as an incentive.

ANNEX 4.6 ILOILO CITY

July 26, 2003
7:00 – 9:00 pm
La Villa Room, Days Hotel
FGD Facilitators: Mr. Gani Perla
Documenters: Dr. Jesus Emmanuel Sevilleja/ Ms. Ella Llanto /Dr. Abigail Cataluña / Mr. Erwin Siloterio

Participants: 6 Pharmacists
1 Drug Store Manager
1 Community Health Outreach Worker

I. SUMMARY

There were eight (8) participants for the focus group discussion (FGD).

The session started with the introduction of the participants and the presentation of the objectives of the pharmacy study and the FGD session. This was followed by an orientation on PhilTIPS and the five elements of the DOTS strategy for TB management led by Mr. Gani Perla.

Before the FGD started, a participant raised a question on the relevance of studying the anti-TB drug dispensing practices of pharmacies and client anti-TB drug buying practices when in fact, the World Vision is giving out free TB kits.

The Pharmacy Initiative study, as explained to the participant, is important in the fight against TB because a large percentage of TB symptomatic cases bypass physicians. These self-medicating physicians go directly to the pharmacies to buy TB medication. Pharmacies play a vital and crucial role in ensuring that their clients get the correct drug regimen and complete the TB treatment.

The general findings from the FGD proper have been listed in the next section.

II. FGD PROPER

A. CLIENT BUYING PRACTICES

- On the average, 8 out of 10 clients buy anti-TB drugs each day. Mercury sells anti-TB drugs to 100 out of the 700 clients, who buy drugs from them in a day.

- Pharmacy clients are usually more than 30 years of age. There is an equal number of men and women clients who purchase anti-TB drugs in a day.

- Clients without prescription prefer to go to small drugstores because the pharmacy staff is willing to dispense anti-TB drugs even without prescription most of the time.

- On the average, 7 out of 10 clients are prescribed branded anti-TB drugs. Of the anti-TB drugs, the combi-packs are the most popular, particularly Myrin-P.

- On the average, 8 out of 10 physicians prescribe anti-TB drugs for a 6-month period. However, patients usually purchase anti-TB drugs good for only 3 days to 1 week due to financial constraints.

- Clients visit different pharmacies to canvass drug prices and then buy from the pharmacy, which sells the anti-TB drugs at the lowest price.

- Clients bypass physicians and go straight to the pharmacy due to cost considerations more than the privacy reason.

B. SOCIAL STIGMA ATTACHED TO TB CLIENTS

- TB patients sometimes ask others to buy their medicine for them.
- TB patients are less stigmatized compared to STD victims.

C. WILLINGNESS OF PHARMACIES TO PARTICIPATE IN THE DOTS INITIATIVE

- Counseling, IEC, referral to physicians, and first level advocacy are all doable for the participants. They think that being a treatment partner and recording are less achievable even though these are within their capabilities. Monitoring and recording also depend in part on the willingness of their clients to come back to the pharmacies.

- The participants are willing to take part in counseling, IEC, referral and advocacy provided that the pharmacy staff undergoes training on TB DOTS.

- Pharmacy staff are constrained to attend the training by the no work, no pay policy in the pharmacy. An appeal to social responsibility has to be made.

- The partner pharmacy, which are willing to engage in the 4 activities listed above could sign a contract or MOA with PhilTIPS. However, forceful advertisements and insistent campaign about DOTS must be made in order to convince the pharmacies to take part in the fight against TB.

- Partner pharmacies could be chosen based on the following criteria: 1) Commitment of pharmacies; 2) Strategic Location; 3) Staff size; and 3) Client size.

- Pharmacies located at the heart of the city, and near a congested and poverty stricken area could be excellent pharmacy partners. Small-scale pharmacies have relatively more time to counsel clients since they only have a small clientele.

- The following could serve as guidelines in order to convince pharmacy owners to participate in DOTS: 1) Harmonious relationship between the pharmacy owner and the pharmacist; 2) Aid of a pharmaceutical company; and 3) Profit incentives (social consciousness plus business sense).

- It is also important to educate the people regarding TB and to make them more responsible for their health and well-being.

ANNEX 4.7 QUEZON CITY

July 31, 2003
8:15-10:30pm
Annabelle's Restaurant
FGD Facilitators: Mr. Gani Perla/Dr. Jesus Emmanuel Sevilleja/ Dr. Juan Antonio Perez
Documenters: Dr. Ferdinal Fernando/ Ms. Vida Gabe

Participants: 4 Pharmacists
1 Drug Store Owner and President of DSAP
1 Drug Store Owner and Pharmacists
1 Drug Store Owner and Physician

I. SUMMARY

There were seven (7) participants for the focus group discussion (FGD).

The session started with the introduction of the participants and the presentation of the objectives of the pharmacy study and the FGD session. This was followed by an orientation on PhilTIPS and the five elements of the DOTS strategy for TB management led by Dr. Perez. He also initiated the discussion on the TB situation in the country.

It should be noted that the participants belong to pharmacy outlets with multiple branches located within the first (I) and second (II) district of Quezon City. One drugstore chain (i.e. Save More Pharmacy) represented in the FGD has 46 chains in Metro Manila and in Bulacan. Some of the participants belong to outlets that are near the Payatas area where majority of urban-poor families reside.

The general findings from the FGD proper have been listed in the next section.

II. FGD PROPER

A. CLIENT BUYING PRACTICES

- A few of the participants shared that their volume of clients asking or buying anti-TB drugs for adult cases would range from 6 to 7 per day. However, majority of the participants estimated that their volume is pegged at 1-2 clients (out of 10 customers of the drugstore) who are either asking or

buying anti-TB drugs. This number of clients would increase to as high as 6 to 7 out of 10 customers if the anti-TB drugs would be for pediatric cases.

- Majority of these clients purchase adult anti-TB drugs on a 'per piece basis' or *tingi-tingi.* Seldom do the participants encounter clients purchasing the complete regimen as what is written in the client's prescription. This type of experience is evident among adult users of anti-TB drugs.

- Generally, the participants did not notice any change in demand for anti-TB drugs for the past months.

- According to the pharmacists' experience, the cost shouldered by their clients in buying anti-TB drugs is much greater in pediatric cases than in adult cases. Clients buying anti-TB drugs for children with 'primary complex' entirely purchase what the physician prescribed. If the difference in the cost shouldered were quantified, clients buying anti-TB drugs for adults will usually 'shell-out' PhP 200.00 per transaction for this purpose (i.e. These are the clients who do not purchase on a 'per piece basis' or *tingi*), whereas, in pediatric cases, clients would 'shell-out' PhP 500.00 to PhP 600.00 per transaction.

- The participants emphasized that the practice of not buying the total number of tablets as prescribed is usually influenced by the client's capacity to pay. They will only purchase what they can afford at that time.

- There were also experiences shared that there are clients who purchase the prescribed anti-TB drugs 'by the box'. These clients are regarded as those belonging to the more affluent sector.

- According to the participants, the drugstore size and its location influence the experience of pharmacy personnel with regard to the buying capacity and buying practices of their TB clients. Those pharmacy outlets near the market place encounter clients who would buy on a 'per piece basis'. Those outlets near private hospitals would be receiving clients with prescriptions of branded anti-TB drugs. Aside from this, certain events in the calendar year may also influence the purchasing power of TB clients. During the months of school enrolment, the pharmacy personnel encounter TB clients with limited purchases of their prescribed antibiotic. These types of buying-

practices are not only confined to anti-TB drugs. They are also encountered in the different types of medications.

- The participants generally encounter clients with prescriptions of branded anti-TB drugs. For the area of Quezon City, the pharmacy personnel would suggest other generic forms of the prescribed anti-TB drug in cases wherein the client finds the prescribed medication expensive. However, the pharmacist or their assistants would only recommend other generic products (e.g. INH, Rifampicin, PZA or Ethambutol) if it is a 'loose' combination of medication and not a fixed-dose combination (e.g. Myrin group).

- The participants agreed that it is common practice among pharmacy personnel to make a note in their clients' prescription the actual quantity of drug bought whenever the client is unable to buy the entire prescribed dosage.

- If clients present prescriptions showing four different types of antibiotics for their TB disease and at the same time have monetary constraints, majority of the participants agreed that these clients tend to buy a minimum quantity of tablets or capsules for each type of antibiotic rather than choose what type of anti-TB drug to purchase. For those clients who really cannot purchase a few of each of the anti-TB drug, they opt to purchase first the cheaper ones and leave out the more expensive type of drug.

- The pharmacy personnel sometimes emphasize to the client the importance of buying all of the prescribed anti-TB drugs rather than choosing only a few types of drugs to buy. If the client cannot really afford to do so, the pharmacy personnel will still serve their requests anyway for sales purposes.

- The participants also shared that they serve more clients in the late afternoon, starting around 4:00 pm or 4:30 pm onwards until around 7:00 pm from Monday through Friday.

- In terms of compliance to anti-TB drugs, majority agreed that compliance by TB clients improves with fixed-dose combination (e.g. Myrin group) than with loose forms of anti-TB medications.

Taking one tablet with all the major components of anti-TB present is more cost-effective than taking different kinds of anti-TB drugs, according to the participants.

- Clients go straight to the pharmacist instead of the physicians regarding their TB concerns and other illnesses because of their knowledge about drugs for their specific concern, i.e. *alam din naman nila kung para saan ang gamot.* In these cases, pharmacists remind their clients that it is still best to seek consultation. If the clients asked for a possible referral, the pharmacists generally refers them to go to the health center or any other private physician. The pharmacists do not specifically mention any physician to visit.

- Based on the experience of the pharmacists, they have encountered clients who do not understand the directions and even the medication in their prescriptions due to the illegible handwriting of their physician. Some information about their condition that should have been discussed during the doctor-patient interaction is still asked for clarification with the pharmacists.

- In cases where the handwriting in the prescription cannot be understood, the pharmacists prudently requests their clients to return to their respective physicians to change the prescription, i.e. *pakisabi sa doctor mo na pakipalitan na lang ang reseta dahil wala kami niyan.* The pharmacists do not readily admit that they do not understand the prescription out of courtesy to the prescribing doctor and also, to protect their pride (i.e. *Nakakahiya naman kung sabihin namin sa customer na hindi namin maintindihan ang reseta o 'di naming mabasa. Baka sabihin nila na tumatao kami sa counter 'tapos hindi kami marunong bumasa ng reseta.)*

B. SOCIAL STIGMA ATTACHED TO TB CLIENTS

- Pharmacist in the group agreed that there are clients who deny that they have TB in spite of the fact that they are actually purchasing anti-TB drugs. These clients usually approach the pharmacy personnel by asking for 'vitamins for the lungs' (i.e. *vitamins para sa baga).*

- The pharmacists in the group do not really encounter clients who exhibit feelings of dread or embarrassment whenever they inquire about anti-TB drugs.

- The pharmacists treat their TB clients in the same way they treat other customers.

C. WILLINGNESS OF PHARMACISTS TO PARTICIPATE IN THE DOTS INITIATIVE/ ROLE OF PHARMACY PERSONNEL

- None of the participants have heard DOTS prior to the FGD.

- The participants agreed that pharmacists and pharmacy assistants definitely have a role to play in the DOTS initiative. It was mentioned that clients go to them first and bypass consultations with physicians, both private and government (e.g. RHUs/HCs) because of the following possible reasons:

  - cost of visiting and paying a private physician for consultation;
  - cost of traveling to and from the RHU/HC;
  - long waiting time spent in the RHU/HC; and,
  - various requirements imposed by the RHU/CH.

- According to the drugstore owners in the FGD, the pharmacy assistants of their drug stores sometimes do not have the time to provide sufficient advice or even counseling (i.e. with regard to drug compliance or treatment completion) because of the number of clients they have to attend to. Some of these PAs are not even college level graduates and because of this, they do not even have the sufficient knowledge to determine which type of drug dispensed is actually an anti-TB drug.

- There were several suggestions made by the group with regard to extending the roles of pharmacist and pharmacy assistants in TB management.

  - <u>Promoting subsidized cost of anti-TB drugs</u>: To ensure compliance and complete treatment by the TB patient, clients buying the complete set of treatment of anti-TB drugs should be subsidized or discounted. If funding and programs are available for the subsidized medication, pharmacy personnel could encourage their clients to buy a complete set of treatment. However, this scheme could encourage re-selling of the anti-TB drugs at higher

prices by unscrupulous individuals. It was suggested, however, that the individual anti-TB drug-packaging inside each complete set of anti-TB drugs-regimen that are subsidized should have labels of "Not for Sale".

- Enrolling TB clients in the pharmacy: This is also related to receiving subsidized or discounted anti-TB drugs and in the monitoring of patients. Clients of pharmacy outlets buying anti-TB drugs are encouraged by the pharmacy personnel to buy their next set of medication at the same drugstore with the incentive that the next set will be discounted.

- Adopt a Patient: The pharmacy outlet can select a set of TB clients to monitor by recording their anti-TB drug purchases; anti-TB drug schedule; listing their contact numbers to remind them of their next schedule; and, providing them discounts for their next set of medication.

- Utilization of a Voucher System: This is a modification of the 'Adopt a Patient'. Vouchers given to the TB clients by accredited physicians can be surrendered to partner-pharmacist or –PAs for every transaction of anti-TB drugs. These vouchers are kept and monitored by the pharmacy personnel and would substitute for the time-consuming record keeping.

- Counseling TB Clients: The participants agreed that it is possible for pharmacists and pharmacy assistants to conduct one-on-one counseling on TB since they have been actually doing that for any type of disease-inquiry they encounter during drugstore-client transactions. Training is needed though for this role. However, there would be difficulty doing role during peak hours of the pharmacy outlet.

- Being Referral Partners: Pharmacists and pharmacy assistants can refer clients to accredited physicians for TB management.

- Incentives for the participation of the pharmacists and pharmacy assistants in the DOTS program are good motivating factors. A monetary form of incentive is the most popular choice among the participants as a motivating factor. Other forms include: conference sponsorships and

rewards/prizes from contests among drugstores. The National DSAP is actually implementing the latter form of incentive.

- Training for pharmacy personnel that are related to the DOTS project was not considered by the participants as an incentive since other pharmaceutical companies and other private agencies have already been doing it quite frequently. Likewise, recognition for good quality service given to a pharmacy outlet was not also considered as an incentive. The 'appeal to community service' does not also come as strong as a motivating factor for pharmacy personnel participation.

ANNEX 5

List of Focus Group Discussion Participants

5.1 CAGAYAN DE ORO CITY
July 17, 2003/ Dynasty Court Hotel

Name of Participant	Designation/Organization/DrugStore	Address & Contact Numbers
Frannie Jade T. Catubig	Pharmacy Assistant Fair Drug	National Highway, Gusa, CDO Tel. No. (08822) 73 3464 to 65
Shosi Mari S. Larido	Pharmacist Fair Drug	National Highway, Gusa, CDO Tel. No. (08822) 73 3464 to 65 Email: shosi01@yahoo.com
Apolinar S. Villorejo	Pharmacist Ororama Megacenter	Lapasan, CDO Tel. No. (08822) 72 7192
Rosario P. Ruiz	Pharmacist Rika Drug Store	Yacapin St., CDO Tel. No. (08822) 72 1520 Fax No. (08822) 72 5007
Amaryllis M. Cardenas	Pharmacist and Purchaser Sabal Pharmacy	A. Velez St., CDO Tel. No. (088) 856 26 19 / (08822) 72 4041 Fax No. (088) 856 26 11
Sean C. Neri	Drug Store Owner Shining Pharmacy	Diaz Bldg., A. Velez St., cor. Nacalamban St. Tel. No. (08822) 72 5286 / (08822) 71 0917
Genevieve Ross L. Ching	Pharmacist Country Drug	Lapasan Highway, CDO Tel. No. (08822) 724 479 Fax No. (08822) 728 190 Email: genching@hotmail.com

5.2 CEBU CITY
July 23, 2003/ Rosal and Adelfa Room, Marriot Hotel

Name of Participant	Designation/Organization/DrugStore	Address & Contact Numbers
Almalyn Ferrer	Pharmacy Assistant Llorente Pharmacy	204-A C. Padilla St. Cebu City Tel. No.(032) 253- 54 16 Fax. No. (032) 253 54 16
Virginia Ligutom	Pharmacy Faculty University of San Carlos	Collegel of Pharmacy University of San Carlos Talamban, Cebu City
Robinson Uy	Sales and Operations Manager La Nueva Supermart, Inc & Pharmacy	66 Magallanes St., Cebu City Tel. No. (032) 256 28 98 Fax No. (032) 254 10 80 Email: ryu@lanueva.biz
Engr. Alan Yu	Purchaser Diding Pharmacy	174 Manalili St., Cebu City Tel. No. (032) 255 86 21 Fax No. (032) 41685 30 Email: alanangyu@hotmail.com
Elsa Jane Albino	Pharmacist and Drug Store Owner Farmacia Jane	88 Garfield St., Cebu City Tel. No. (032) 261 21 89
Lorraine Valeriano	Pharmacist and Drug Store Owner Botica Maayo, Inc	M.J. Wenco Ave., Cebu City Tel. No. (032) 231 49 72 Fax No. (032) 231 49 72
Maria Fe Rosales	Pharmacist R & R Pharmacy	Poblacion Talamban, Cebu City Tel. No. (032) 345 11 93
Mildred Del Mar	Pharmacist SK Pharmacy	Dona Maria Village 2 Punta Princesa Tel. No. (032) 414 42 51
Ida Tudtud	Pharmacist Sr. San Roque Pharmacy	Talamban, Cebu City Tel. No. (032) 343 69 83
Josephine Tubo	Pharmacist Botica Jema	Bontores St., Basak, Cebu City Tel. No. (032) 262 79 75

Name of Participant	Designation/Organization/DrugStore	Address & Contact Numbers
Fe Miranda	Pharmacist Bidlisiw Foundation Inc.	747 Nasipit, Talambaw, Cebu City Tel. No. (032) 346 33 77
Aileen Marie Salvador	Pharmacist Hope Pharmacy	cor. Manalili and Legaspi St., Cebu City
Liza Atsatsom	Pharmacist Cure All	Cabreros St., Cebu City Mobile: (0917) 695 63 26
Cheryl Abangan	Pharmacist Rjoe Pharmacy	125 Katipunan St., Labangon, Cebu City Tel. No. (032) 261 79 45
Ma. Mona Cale	Pharmacist Saturn Pharmacy	F. Jaca St. Inayawan, Ceby City Tel. No. (032) 272 65 48

5.3 DAGUPAN CITY
July 17, 2003/ Pedrito's Restaurant-Arellano Branch

Name of Participant	Designation/Organization/DrugStore	Address & Contact Numbers
Marianita M. Rivera	Pharmacist Pangasinan Pharmaceutical Assn	20 Nable St., Dagupan City Tel. No. (075) 523 00 78
Chong Tess M. Dee	Pharmacist Abundance Drug Store	12 A Burgos St., Dagupan City Tel. No. (075) 522 16 64
Gemma Oslas	Pharmacy Assistant Our Lady of Health Pharmacy	20 Nable St., Dagupan City Tel. No. (075) 523 00 78
Teresa M. Corpuz	Pharmacist or Stock pt. Officer La Union Pharmaceutical Assn	Marketworld District Corporation Mayombo Dist., Dagupan City Tel. No. (075) 515 53 30 / (075) 515 52 18 Email: yugoo_tet@yahoo.com
Teresita M. Dee	Pharmacist Abundance Drug Store	12 A Burgos St., Dagupan City Tel. No. (075) 522 16 64
Alona M. Zareno	Chief Pharmacist PPhA Dagupan Chapter	Nable St., Dagupan City Tel. No. (075) 522 77 67
Francisca E. Bravo	Pharmacist Ppha Dagupan Chapter Farmacia Flor	Arellano St., Dagupan City Tel. No. (075) 523 44 83 Fax No. (075) 522 07 39
Jezhel B. Barte	Pharmacist Farmacia Flor-CSI Branch	A.B. Fernandez Ave. East, Dagupan City Tel. No. (075) 522 82 60

5.4 DAVAO CITY
July 25, 2003/ Jade Restaurant, Marco Polo

Name of Participant	Designation/Organization/DrugStore	Address & Contact Numbers
Ma. Leilani A. Betonio	President Davao Pharmaceutical Association	12 C. de Guzman St. c/o Pharmacy Department San Pedro College Mobile: (0918) 719 45 99
Ma. Ruby V. Cadano	Pharmacist and Drug Store Co-owner D' Vibar's Pharmacy	Airport Road, Sasa, Davao City Tel. No. (082) 234 36 57 Fax No. (082) 234 36 57 Email: Rubzvcd@yahoo.com
Mary Beth G. Andrade	Pharmacist Beth's Pharmacy	Mintal Public Market Mintal, Davao City Tel. No. (082) 293 05 58 Email: mbgandrade@yahoo.com
Myrna G. Te	Pharmacist Starix Drug Center	Borgaily Bldg., Anda St., Davao City Tel. No. (082) 221 02 90 Fax No. (082) 305 53 85

Name of Participant	Designation/Organization/DrugStore	Address & Contact Numbers
Esperanza C. Baladjay	Community Pharmacist and Board of Dir. Davao Pharmaceutical Association P.R.O Alumni Pharmaceutical Association	G.D. Pharmacy cor. San Pedro & C.M. Recto Ave., D.C. Tel. No. (082) 226 40 99
DaisyRel P. Velarde	Pharmacist Wincare Pharmacy	Wilfredo Aquino St., Agdao, Davao City Tel. No. (082) 224 41 71
Rosita V. Zurita	Pharmacist Morris Drug	Buhangin, Davao City Tel. No. (082) 221 02 89
Flor A. Conti	Pharmacist Conti Pharmacy	Sampaguita St., Mintal, Davao City Tel. No. (082) 293 00 85
Donna U. Santiago	Pharmacist	Torrest St., Obrero, Davao City Tel. No. (082) 227 17 73 Email: (082) 227 17 73
Marichu M. Chan	Pharmacist ASP Pharmacy	Mintal Tugbok District, Davao City Tel. No. (082) 293 00 60 Fax No. (082) 296 29 56 Email: marichuchan@yahoo.com
Araceli V. Arceo	Pharmacist Rose Pharmacy	C.M. Recto St., Davao City Tel. No. (082) 227 96 34 Fax No. (082) 221 45 34
Carina A. Salinas	Pharmacist Botica Carina	H. Garcia St., Calinan, Davao City Tel. No.(082) 295 00 25 to 26 Fax. No. (082) 295 00 26

5.5 GENERAL SANTOS CITY
July 22, 2003/ Orient Seas International Cuisine

Name of Participant	Designation/Organization/DrugStore	Address & Contact Numbers
Vetlana E. Ang	Pharmacist and Drug Store Owner VSA Medicine Shoppe Secretary, DSAP-GSC	RD Plaza, Daprosa St., Gen. Santos City Tel. No. (083) 552 55 60 Fax No. (083) 552 55 60 Email: vea@mozcom.com
Verviana H. Basan	Pharmacist and Drug Store Owner Treasurer, DSAP-GSC	Stall #14-15 Phase B Peripheral, Cagampang St., Gen. Santos City Tel. No. (083) 552 44 90 Fax. No. (083) 552 44 90
Elena Diazon	Pharmacist and Drug Store Owner Farmacia Edelyn Vice Pres., External, DSAP-GSC	Polomolok, South Cotabato Tel. No. (083) 225 22 33
Amelita Plete	Pharmacist Ashver Pharmacy President, GSC Pharmaceutical Assn	Phase A Public Market, Acharron Blvd., Gen Santos City Tel. No. (083) 302 12 50 Fax. No. (083) 552 55 60
Ma. Nora C. Salarda	Pharmacy and Drug Store Owner Gen. Santos Pharmaceutical Assn	# 10 Asuncion Village, Cannery Site, Polomolok, South Cotabato Mobile No. (0916) 730 42 20
Socorro Maceda	Pharmacist and Drug Store Owner Farmacia Venus	Tel. No. (083) 552 35 69
Irene Mendoza	Pharmacist Good Health Pharmacy	National Highway, Gen. Santos City
Carmelita Z. Agbulos	Pharmacist Gen. Santos Pharmaceutical Assn	Public Market, Gen. Santos City
Mila P. Bautista	Pharmacist Gen. Santos Pharmaceutical Assn	DAD Medicine Center Magsaysay Ave., Gen. Santos City Tel. No. (083) 552 41 21
Belen C. Aala	Pharmacist and Drug Store Owner Gen. Santos Pharmaceutical Assn	Stall # 49, Public Market Cagampang St. , Gen. Santos City Tel. No. (083) 302 62 57

Name of Participant	Designation/Organization/DrugStore	Address & Contact Numbers
Ma. Vivian S. Iral	Manager/Purchaser Rose Pharmacy	Pioneer Ave., Gen. Santos City Tel. No. (083) 552 86 37 Fax No. (083) 552 86 37 Email: rpigs@mozcom.com
Amalia T. Orallo	Pharmacist Gelver Drug	National Highway (in front of St. Elizabeth Hospital), Gen. Santos City Tel. No. (083) 553 27 03
Evelyn L. Mending	Pharmacist Rose Pharmacy	Acharon Blvd, Gen. Santos City Tel. No. (083) 552 51 25
Narcisa O. Ducao	Pharmacist Huevar Pharmacy	Polomolok, South Cotabato Tel. No. (083) 382 12 18

5.6 ILOILO CITY
July 26, 2003/ La Villa, Days Hotel

Name of Participant	Designation/Organization/DrugStore	Address & Contact Numbers
Professor Marian Gumayan	Executive Directore CPU-Kabalaka RH Center	CPU-KRHC, Jaro, Iloilo City Tel. No. (033) 329 58 02 Fax No. (033) 329 58 02 Email: kabalaka@iloilo.net
Renee Rose Cataluna	Pharmacist Paul & Glory Pharmacy	Lopez Jaena St., Pototan, Iloilo City Mobile: (0919) 682 82 07
Marlou Villalobos	Pharmacist Mercury Drug Corporation	Jaro Branch, Iloilo City Tel. No. (033) 329 41 27
Ruby Nograles	Pharmacist Ivory Drug	c/o Health Vision Corp. Gen. Luna St., Iloilo City Tel. No. (033) 337 58 20 Fax No. (033) 337 58 20
Mae Parino	Corporate Pharmacist Medicus Incorporated	120 Delgado St., Iloilo City Mobile: (0917) 302 73 14 Fax No. (033) 335 12 03 Email: Rxaspirin@yahoo.com
Mae Gome	Pharmacist Medicus Pharmacy & Health Shop	214-I D.B. Ledesma St., Jaro, Iloilo City Tel. No. (033) 328 50 56
Dennis Cataluna	Community Health Outreach Worker CPU-Kabalaka RH Center	CPU-KRHC, Jaro, Iloilo City Tel. No. (033) 329 58 02
Giua Jimena	Branch Manager Mercury Drug Corporation	EL-98 La Castilla St., Jaro, Iloilo City Tel. No. (033) 329 41 27

5.7 QUEZON CITY
July 31, 2003/ Annabelle's Restaurant

Name of Participant	Designation/Organization/DrugStore	Address & Contact Numbers
Alberto Bunyi, MD	Drug Store Owner	Our Lady of Peace Pharmacy 89 Montillano St., Alabang, QC Tel. No. (02) 928 89 53
Asuncion B. Pilar	Drug Store Owner and Pharmacist	St. Anthony Drug New Hope Drug 40 D Rd. 8, Pag-asa, QC Tel. No. (02) 453 78 32
Helen Serafica	Drug Store Owner Express Drug President-DSAP-QC	Tel. No. (02) 427 99 58 Fax. No. (02) 939 99 37
Israelita R. Saquilon	Pharmacist Save More Drug	Blk 34 Lot 1 Ph 1 Prg 1, Bagong Silang I, Caloocan City Tel. No. (02) 962 03 15 Mobile: (0916) 703 26 10

Name of Participant	Designation/Organization/DrugStore	Address & Contact Numbers
Julieta Sauler	Pharmacist	136 K7th St., Kamias, QC Mobile: (0919) 272 52 62
Marilou N. Acampado	Pharmacist Express Drug -Fairview Branch	Tel. No. (02) 427 99 58 Fax No. (02) 939 99 37
Celeste P. Mendoza	Pharmacist	Stall #1 BPI Bldg, Don Antonio Hts, Commonwealth Ave., QC Tel. No. (02) 931 05 45