

Philippine Coalition Against Tuberculosis (PhilCAT)

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Value added of the partnering initiative

- **Why was the partnering initiative established? What was the major problem that you wanted to address by establishing a partnering initiative?**

In 1993, during the Eastern Region Meeting of the IUATLD held in Bangkok, Thailand, the head of the Philippine TB Control Service gave a report on the status and prospects of TB Control in the Philippines. While this report drew the applause of the delegates from other countries, the Filipinos in the group, most of whom were not in government service were shocked. Many could not agree with the figures and projections presented. The communication gap between the government and other stakeholders in TB control had long been perceived but it was only in this meeting that its magnitude was realized. In a hurriedly conducted meeting in a bus stuck in the notorious Bangkok traffic, the Filipino delegates resolved to unite and help instead of just criticizing the government's program. PhilCAT was envisioned to be the coordinating body for all organizations with any anti-TB interest. PhilCAT fosters communication, encourage complementary work, facilitate sharing of resources and disseminate data generated by research or experience. The serious TB situation in the Philippines and the spectre of an incurable, drug-resistant TB was apparently sufficient reason to put aside personal feelings and accept the need to unite for TB control.

- **How has the partnering initiative responded to that problem? In what way has the situation changed? What has been the value added for different partners and for TB patients?**

A new open-mindedness among stakeholders in TB Control emerged and PhilCAT provided the forum for the discussion of important issues in TB control. PhilCAT became a venue for the organization of Task Forces/Committee among stakeholders both from the private and the public sector.

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Specific example is the need to integrate other departments of government and the private sector into the overall TB control activities. The Department of Health (DOH), with the help of PhilCAT organized various stakeholders into a working group to develop a Comprehensive and Unified Policy (C.U.P.) for TB Control in the Philippines. Two main working groups were formed to flesh out operational details using the NTP as the core policy. The first group headed by DOH developed guidelines for the implementation of the NTP in government agencies other than the DOH. The second group established policies that would formalize the involvement of the private sector, particularly private physicians in TB control. Executive Order No. 187 signed by the President of the Philippines institutionalized the (C.U.P). The policy formalized and operationalized the collaboration between the DOH and other departments of the government with regard to the NTP. Second the “Guidelines for Implementation by Private Physicians”, provided clear directions on the clinical management of TB by private physicians to comply with NTP policy.

In the series of revisions of the NTP Manual of Procedures, partners/ implementers and members of PhilCAT acted as external reviewers and sources of critical technical and editorial inputs. Their participation contributed to more effective ways of implementing the NTP.

Because of the active participation of the various stakeholders, all TB patients who prefer to access the services of these other providers had access to quality DOTS services.

- **Do you think the partnering initiative has worked so far?**
 - **If it has worked well, why? How have you set it up? What process have you used? What were the main steps?**
 - **If it has not worked that well, why? What do you think has hindered your efforts? Would you try it again, and why? How would you revitalize it?**

Yes, PhilCAT remains to be the leading private partner of the government in the control of tuberculosis and has provided the leadership in the successful implementation of the Public–Private Mix DOTS strategy in the Philippines.

Memberships included the government National TB Program (NTP), physician groups, academe, paramedical specialties, pharmaceutical companies, non–governmental organizations (NGO’s). These groups were highly motivated, but their activities were limited to that aspect of the TB problem that crosses their path. The strength of the coalition came from the collective efforts of the member groups among whom PhilCAT fostered communication, encourage complementary work, facilitate sharing of resources, and disseminate data generated by research or experience.

Good relations are rekindled and renewed every once so often as member groups gather quarterly to share a little more about themselves and provide the “latest goings–on in TB” . PhilCAT has provided the avenue for partners to host informal gatherings where lively dialogues are carried on mainly about how TB activities can be enhanced through partnership. This is in keeping with PhilCAT’s vision of a TB–

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free Philippines through its twin mission of TB control and membership empowerment. These and more – over a cup of coffee.

Since the last quarter of 2007, four sessions of the “Kapihan” have been whipped up by PhilCAT in response to the clamor of member organizations to share what they do for TB and, in turn, to know what other groups do. Organized by the PhilCAT Secretariat, the Kapihan is attended by delegates from member groups coming from both the private and public sectors. Member organizations take turns in hosting one Kapihan every quarter. The host ensures an informative presentation about itself – its history, its structure and its profile as a TB agency.

Another success factor is having a governing body – the General Assembly. This is composed of all the official representatives of the member groups of the Coalition. An 11–man PhilCAT Board is elected from among the Official representatives. The Board is the managing body and it is responsible and accountable for the direction of the coalition. It determines, modifies and regularly reviews the strategic directions and business affairs of the coalition. PhilCAT also has a secretariat responsible for the day to day activities of the coalition and provides assistance to the Board in carrying out PhilCAT activities.

- **Who among the following stakeholders – national TB programme, civil society (faith based organizations, non–governmental organizations, community based organizations) and the private/business sector – is involved? In what way?**
 - a. **National TB Programme** – the Vice Chair of PhilCAT is the Director of the National Center for Disease Prevention and Control. As Vice–chair, ensures that activities of the PhilCAT Members are in accordance to the NTP policies and guidelines and its direction as well.
 - b. **Professional Societies** – provide technical support in the development of guidelines and modules; act as resource person in the conduct of training activities; participate in the organization in the annual PhilCAT Convention and the commemoration of World TB Day.
 - c. **Faith based organizations, non–governmental organizations, community based organizations** – participate in the delivery of DOTS services; participate in the development of NTP policies and guidelines; participate in the advocacy activities of the organization
 - d. **Private/business sectors** – provide support in the implementation of the activities of the coalition maybe material or financial; participate in creating public awareness on TB.

- **What does each partner perceive as an advantage of being in the partnering initiative? What sustains their commitment? If partners are not engaged, what are you planning to do to attract and maintain their interest?**
 1. **Fulfilment:** Aside from meeting social responsibilities, there is a feeling of deep satisfaction and accomplishment from rendering volunteer service and from helping make resources and services available to other partners.

2. **Recognition/Material Gain:** An organization's credibility will benefit from working with a prominent group like the coalition. This could translate to more opportunities to network with other groups local and international.
3. **Professional Development:** Because the coalition is recognized as vital to the success of the NTP, there are various opportunities (skills training, continuing education and other enhancement programs) available to the members.
4. **Access to Funding Opportunities.**

Building the partnering initiative

- **What have been some of your challenges in bringing the various stakeholders together in a partnering initiative?**
 1. **Maintaining the group's cohesion.** Starting a partnership is a difficult process but the real challenge is keeping the group together.
 2. **Accepting the individuality and uniqueness of members.** In a group of people having different personalities, backgrounds, responsibilities and orientation, conflicts are bound to arise.
 3. **Expansion.** Limited resources, engaging people or groups to commit to the cause without compensation are barriers to a partnership's growth and development.
 4. **Minimizing name only involvement.** The nature of membership is purely voluntary so it is expected that members will have varying degrees of involvement.
 5. **Encouraging collaboration among organizations that desire to maintain their own identity.** Groups or individuals have been used to doing things in a particular way and resist new rules and policy
- **Have partners done a mapping/inventory of the resources (financial, technical, human, in-kind) that each can contribute to the implementation of the national TB plan and in which area of the country? If yes, could you share your plan showing various roles and responsibilities and highlighting possible remaining gaps?**

The coalition just did a simple inventory of the activities of each partner in TB control, their area of coverage, expertise, resources available for case finding and treatment. The purpose was to publish a Directory of all partners for easy reference. The Philippines NTP is aware of the members of the coalition and how they can help the NTP e.g. preparation of guidelines (professional societies) and provision of DOTS services for the NGO's and other community or faith-based organizations. These organizations providing TB services submit a quarterly NTP report to the authorities and are provided free drugs by the NTP.

- **Have the partners jointly mobilized resources to implement a shared national TB plan? What type of resources have they mobilized (financial, technical, human, in-kind)? How did this process work?**

From January to September 2009, the NTP led the process of formulating the 2010–2016 strategic plan to control TB in the Philippines in collaboration with partners.

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Two groups were formed: a Steering Committee that provided oversight and guided the planning process, and a Task Force that conducted the situational assessment, drafted the plan and convened consultation workshops with stakeholders. Members of the partnership were invited either to the Steering Committee or the Task Force and also in the consultation workshops that took place.

The DOH through the NTP, is the overall coordinator for PhilPACT implementation with support from the Center for Health Development at the regional level and the PHO/CHO at the provincial/city level. Public-private groups will assist the organic unit. Public and Private DOTS facilities will act as service delivery points.

The NTP as part of the PhilPACT is now in the process of developing implementing guidelines, enhancement of its implementing arrangements, and mobilization of support from various stakeholders.

- **Which national TB plan activities are the partners contributing to?**
 1. **Strategy 3: Engagement of all health care providers.** The biggest challenge is to rapidly increase the participation of non-NTP care providers to detect the “missing TB cases.” Members of professional societies who endorsed the ISTC will be given priority for training and will be linked to the DOTS facility for referral. Partners will adopt DOTS and participate in an effective referral network. The process of collaboration will be clearly defined and agreements among participating groups will be expressed in memoranda of agreement (MOA).
 2. **Strategy 4: Promote and strengthen positive behaviour of communities.** Non-government agencies, faith and community-based organization will participate in promoting DOTS services to patients. Capability building of partner NGO's and community organizations will be done to improve their skills in disseminating information effectively. Community based organizations will assist in treatment supervision.
 3. **Strategy 5: Address MDR-TB, TB/HIV, and needs of vulnerable population.** NGO's, faith-based organizations, community groups and professional groups will be participating in addressing the needs of these group either as resource persons during training for members of professional organizations, in the delivery of services for NGO's, community groups and faith-based organizations.
- **How have partners organized their work? Do they regularly meet? What structure has been chosen (if this has been formalized)?**

The leadership for the implementation of the Philippines plan of action falls under the NTP. The coalition supports the NTP through its member groups. Annually the coalition organizes a Scientific meeting where the progress of the NTP implementation is presented as well as the various initiatives to address issues. The PhilPACT was launched in the 2010 PhilCAT convention.

For the Coalition, a quarterly meeting with the members is done to discuss progress made.

The Coalition leads the engagement of non-NTP care providers under the GFATM project. A formal structure at the national, regional, and provincial levels had been organized to lead the implementation of the PPM initiative and monitor its progress. These structures meet regularly.

Thinking through and taking stock

- **Which stakeholders of society do you see as essential or ideal members to a partnering initiative, if you want to effectively address TB in your country context (please answer this independently of whether these stakeholders are currently partners of your initiative)?**
 1. Professional Societies (Medical, Paramedical, Nurses)
 2. Academe (Medical Colleges)
 3. Non-government agencies
 4. Faith-based organizations
 5. People's Organizations
 6. Business Organizations
 7. Rotary Clubs etc
 8. Media
 9. Government Agencies other than the DOH (managing prisons, elderly groups, indigenous groups, mentally handicapped, etc)
 10. Local Government Units
 11. Pharmaceutical Companies
 12. Health Maintenance Organizations
 13. Employers Association

- **What do you think the major outcomes of the partnering initiative are? In what way the partnering initiative has benefited the work of the partners? What do you think could be strengthened/improved?**

Major Outcomes

1. Through the technical assistance of the partners training courses had been developed and conducted (DOTS Referring Providers Course, Certification and Accreditation of DOTS Centers, TB Diagnostic Committee Training) in support of NTP implementation.
2. Through the sharing of technical expertise among the partners the following Guidelines were developed: National TB Consensus; Consensus on TB in the Workplace; Operational Guidelines for Public-Private Mix (PPMD) units; PhilHealth Outpatient Benefit Package; Guidelines for TB in Children; Comprehensive and Unified Policy for TB Control; TB Core Modules in the Medical Curriculum; Local Coalition Guidebook.

3. The partners have access to the various training program as well as the free drugs distributed by the NTP. Partners also have access to the technical expertise of the other members.

Areas for Strengthening

1. Monitoring of the activities of partners and evaluating its contribution.
- **Do you have any example you would like to share about occasions (implementation of activities of national TB plan) in which having a partnering initiative in place has made a difference?**
 1. **Annual Convention:** This is an annual activity of the partnership where stakeholders get information and updates on the developments in TB control including the national TB program. A partner is chosen to be the co-organizer. The co-organizer is the overall chair. Several sub-committees are formed and these are headed by partners with capacity to assist in the organization of the scientific meeting. The scientific program is prepared by a group of experts from the member groups of PhilCAT and the NTP is always a member of this very important committee to ensure that the program is in accordance with the policies of the NTP should there be presentations on this. Partners provide the resource persons.
 2. **Engagement of all health care providers.** As embodied in DOH Administrative Order No. 154 s 2004, dated June 14, 2004, a National Coordinating Committee on PPMD was established. The chairperson of the Partnership is the co-chair of the committee. At the regional a similar structure exists. In the same way, the chair of the local coalitions functions as co-chair. Because of the involvement of the Partnership, the PPM initiative has contributed to increasing the national case detection by as much as 6%.
 - **How do you think the Stop TB Partnership could support your partnering initiative?**

Providing guidelines on how to actively engage the media.
 - **Anything else you would like to highlight?!**