

# **MEDICINES ACCESS PROGRAM (MAP)**

## **Situational Analysis**

### **I. INTRODUCTION**

The National Center for Pharmaceutical Access and Management (NCPAM) has been created pursuant to RA 9502 otherwise known as the “Cheaper Medicines Act of 2008” with the goal to contribute to improving access to quality essential medicines specifically:

1. to improve supply side access to quality essential medicines
2. to ensure rational use of medicines by prescribers, dispensers and patients
3. to institutionalize transparency and good governance in the pricing and procurement of medicines

To implement the goals, the Center has been assigned a line item in the DOH General Appropriations Act (GAA) “National Pharmaceutical Policy Development including Provision of Drugs and Medicines, Medical and Dental Supplies to make affordable quality drugs available”.

The above line item is designed to support the implementation of the Cheaper Medicines Act of 2008. The said Policy Framework to Improve Medicines Access includes:

1. Safety, Efficacy and Quality
2. Availability and Affordability
3. Rational Use of Medicines
4. Accountability, Transparency & Good Governance
5. Health System Support

Supervising Pharmacists were involved in this program to monitor the following:

1. Assist the Botika ng Barangay (BnB) outlets to comply with the new FDA licensing as per AO No. 2014-0034
2. Collection of BnB seed capital as per DM 2015-0111
3. Conduct monitoring on the Implementation of the DOH ComPack Program in the RHUs including gathering of reports on utilization quarterly.
4. Facilitate the submission of reports on existing MAP for inpatient: Breast Cancer, Mental Health and Insulin
5. Collate and submit RIS in all access sites
6. Provide technical assistance regarding Pharmaceutical Supply Chain Management (PSCM) includes conducting orientations.
7. Monitor health facilities and provide PSCM which includes reports on utilization and expiry of stock

### **II. DATA GATHERING**

#### **DOH Complete Treatment Pack (ComPack) Program**

With the epidemiological shift that the Philippines is now experiencing wherein the top leading causes of deaths and diseases are both communicable and non-communicable diseases (NCDs), the availability and affordability of needed maintenance drugs to optimally control diseases like

hypertension, diabetes, asthma and Chronic Obstructive Pulmonary Disease (COPD) bring the issue of access to medicines to focus as health facility surveys conducted by the Department of Health and World Health Organization consistently show poor availability of these medicines in the public sector (WHO 2009).

To provide choice and to ensure access and availability of affordable quality generics to other segments of the population, the DOH Complete Treatment Pack Program (ComPack) was launched. The ComPack Program is a medicines access program designed to reach the poorest of the poor with complete treatment regimens for the top most common diseases in the country. The program aims to address the increasing morbidity and mortality due to these common diseases and high out-of-pocket spending in medicines and health services for majority of Filipinos. It was initially allotted only to patients under the Pantawid Pamilyang Pilipino Program (4Ps) program of the national government. The program was then expanded to all indigent patients under the National Household Targeting System (NHTS). In the latter part of 2013, it was decided by the department to extend the coverage of the program to all Filipino and made DOH ComPack available to the public.

All RHUs in Region CAR were given DOH ComPack medicines. In 2011, the Pharmaceutical Division (NCPAM) forecasted the needed medicines for RHUs based on the National Disease Prevalence Rate and the medicines were delivered in 2012. Due to the poor forecasting for Region CAR, the RHUs submitted Requisition and Issuance Slip (RIS) for the following year but some RIS were not being followed. Due to the overstocking of medicines, the RIS for 2015 was disregarded. The Central Office decided to forecast based on the submitted patient registry of NCD and the first quarter 2015 Compack will be delivered on December 2015 (Late Delivery).

In October 2015, the PD hired additional staff (one Pharmacist per province) to monitor MAP programs for outpatient (Compack and Botika ng Barangay) and to facilitate the Baguio General Hospital and Medical Center on submission of reports for MAP inpatient such as Insulin MAP, Breast Cancer MAP, Childhood Cancer, Mental Health MAP.

### **BOTIKA NG BARANGAY PROGRAM**

One of the strategies of Department of Health in achieving universal access to essential medicines is the improvement of the supply side access to quality affordable essential medicines. The Botika ng Barangay (BnB) which started in 2003 is among the initiative to support the strategy. Underserved and marginalized Filipino families in the far flung areas can access quality, affordable and essential medicines when they need them.

The project started the pilot areas in the Philippines in 2003. In the Cordillera Administrative Region, it started and piloted in the provinces of Ifugao, Mountain province, Kalinga and Abra in 2004.

The Cordillera Administrative Region in its first year implementation set up 158 Botika ng Barangays. Ifugao set up 54 BnBs, Kalinga 6 BnBs, Abra 36 BnBs, and Mountain province 63 BnBs.

In 2005 only 39 Botika ng Barangay outlets were established, with a total of 197 BnBs for the year. There was a low acceptance of recipients from the provinces due to the observations that the drugs and medicines were nearly expiring.

In 2010, a total of 16,329 BnBs were functioning nationwide. However, the FDA only issued 10,397 Special License to Operate (SLTO) as of January 2010 and did not have any pending request. A Department order No. 2011-0022 was issued entitled “Moratorium on establishment of Botika ng Barangay (BnB)” to focus on completing the requirements of BnBs for the issuance of SLTO, upgrade their services and ensure that BnBs are adequately supervised by Pharmacists”. The NCPAM gave the BnBs without SLTO a six month period to complete the requirements.

In 2011, 707 BnBs in Region CAR were established with SLTO and 92 BnBs without SLTO. The success of establishing the BnBs was due to the collaborative efforts of the CHD, LGUs and other stakeholders. The DOH-NCPAM clarifies on the moratorium on establishment of BnB nationwide that all BnBs that were targeted and committed in 2010 will have to be established.

In 2012, Department Memorandum No. 2012-0076 was issued, specifically informing that the moratorium pertains only to the BnB outlets funded by Department of Health budgets and that outlets funded by other sources are excluded from the moratorium.

With recent developments both at DOH and FDA, there is a need to further clarify that the moratorium on the establishment of BnBs nationwide covers all BnBs and its variants whether funded by DOH or other sources. Moreover, in line with the rationalization and enhancement of BnB Pogram, BnBs with Special License to operate (SLTO) are to strive and upgrade their Pharmacy services towards efficiency as a regular Pharmacy and endeavor to secure a license to operate (LTO).

As of 2013, there are 811 BnBs, it is assumed that all BnBs with SLTO are functional. BnB Pharmacists shall facilitate the mapping of good performing BnBs which can be assisted by DOH to be fully licensed and PHIC accredited. BnBs with expired SLTO are subject to evaluation by the FDROs. All non-compliant BnBs must adhere to the Guidelines for Non-Compliant BNBs as per D.M. No.2012-0253. It is emphasized that all BnBs are also encouraged to aspire to be accredited as a Philhealth Pharmacy and comply with the requirements to be set by the PHIC soon.

The FDA has issued AO No. 2014-0034 dated October 13, 2014 to update and streamline regulatory approaches in licensing of drug establishments as well as to provide faster access of drug products to the public and promote transparency through the universal use of electronic transactions. In line with new rules on the licensing of establishments classified as drugstore/pharmacy, the FDA requires all existing drug establishments including BnB and its variants to comply with the new requirements for application of License to Operate (LTO) as per DM 2015-0111 dated April 9, 2015. All BnBs that are non-functional, non-compliant, voluntarily closing or applying for either type of LTO shall return the seed capital to their respective DOH Regional Offices. All BnBs converting to Retail Outlet for Non-Prescription Drugs (RONPD) will be given only until July 31, 2015 to sell their remaining Prescription drugs under the BnB program while those that are not applying to any LTO shall immediately be closed.

In October 2015, one Pharmacist per province were hired to collect the seed capital of BnBs and assist the BnBs applying for RONPD/Regular drugstore. The table below shows the status of Botika ng Barangay as of November 25, 2015.

PROVINCE	NO. OF ESTABLISHED BnB	NO. OF CLOSED BnBS (SEED CAPITAL COLLECTED)	CLOSED BnB FOR COLLECTION OF SEED CAPITAL	TOTAL SEED CAPITAL COLLECTED (WITH OR)	NO. OF BnBS CONVERTED TO REGULAR DRUGSTORE/RONPD
Apayao	110	28	82	49,750.00	0
Baguio	65	18	46	93,100.50	0
Benguet	104	50	54	211,123.79	0
Ifugao	102	3	70	10,666.00	0
Abra	199	25	174	63,230.00	0
Kalinga	120	73	47	274,519.36	0
Mt. Province	111	65	46	318,834.89	0
<b>TOTAL</b>	<b>811</b>	<b>262</b>	<b>519</b>	<b>1,021,224.54</b>	<b>0</b>

Only 32.31% BnB outlets complied in returning of BnB seed capital.  
63.99% closed outlets are for collection of seed capital.

### III. PROBLEM ANALYSIS

Several issues contribute to the problem such as lack of national and local financing for medicines, inefficient pharmaceutical procurement practices, poor management and the lack of human resource to prescribe and dispense medicines at the point of service delivery. As reflected in the survey of Sarol et al commissioned by the Department of Health, the mean availability of essential medicines in public health facilities was found to be very low at only 25% in 2010.

During the past two years of implementation of the DOH Complete Treatment Pack (ComPack) Program, the Pharmaceutical Division (PD) has noted the following problems in the Program Implementation: low utilization and overstocking or expiry of some medicines particularly medicines for Chronic diseases, late distribution and undersupply of needed medicines, irregular inventory of medicines, no designated dispensing area and proper stock room, lack of networking among access sites and non submission of Requisition and Issuance Slip (RIS) and Utilization Reports. The issues can greatly affect and decrease the safety, efficacy and quality of medicines. These problems are due to the inadequate human resource in monitoring the access sites (only one Pharmacist per province) and no trained staff in charge on Pharmaceutical Supply Management (PSCM) of RHUs. There is also no budget for the orientation of the PSCM. Moreover, lack of information dissemination on free DOH ComPack medicines is also a burden wherein branded medicines are still patronized.

Moreover, many BnBs are not yet officially closed as per DM 2015-0111 wherein all BnBs that are non-functional, non-compliant, voluntarily closing or applying for either type of LTO shall return the seed capital to their respective DOH Regional Offices. This is also because of inadequate human resource (Supervising Pharmacists) and insufficient travelling expenses and communication allowance for staffs assigned in the area causing the slow payment on collection of seed capital and submission of certificate of closure.

In 2015, the same issues and concerns were discussed. To prevent such difficulties in the program implementation, the PD is requiring all RHUs to submit the patient registry (patients using Metformin tablet, Metoprolol tablet, Losartan tablet and Amlodipine tablet) in coordination with the NCD coordinator and MAP coordinator. Updates on ComPack were disseminated to the program coordinators, only four molecules of medicines such as Metformin tablet, Losartan tablet, Metoprolol tablet and Amlodipine tablet will be procured.

#### IV. SWOT ANALYSIS

<p><b>S</b>trengths</p> <ul style="list-style-type: none"> <li>-improvement of the Pharmaceutical Supply Chain Management System (PSCM)</li> <li>-sustaining safety, efficacy and quality of medicines</li> <li>-strengthening the advocacy on DOH Compack medicines</li> <li>-continuing visits and follow-ups on the permanent closure of BnBs</li> <li>- support in the networking system among access sites</li> <li>-educated and well trained personnel</li> <li>-increased norms of ethics on professional behavior</li> </ul>	<p><b>W</b>eaknesses</p> <ul style="list-style-type: none"> <li>-dealing with diverse personality</li> <li>-sudden imposition of deadlines from Central Office</li> <li>-lack of human resource especially when all staffs are on official business</li> <li>-insufficient travelling expenses and communication allowance for staffs</li> <li>-lack of information dissemination on free DOH ComPack medicines to the community</li> <li>-abrupt dissemination of new guidelines and changes of reporting forms</li> </ul>
<p><b>O</b>pportunities</p> <ul style="list-style-type: none"> <li>-Continuing Pharmacy Education (CPE)</li> <li>-increase in the demand for generic medicines</li> <li>-rising awareness on the availability of generic medicines specially DOH ComPack medicines</li> </ul>	<p><b>T</b>hreats</p> <ul style="list-style-type: none"> <li>-unavailability of funds</li> <li>-demographic changes</li> <li>- inaccessibility of medicines to Geographically Isolated and Disadvantaged Areas (GIDA)</li> <li>-poor PSCM</li> <li>-unreliable medicine supply and distribution system (understock, overstock, expired medicines, irregular inventory)</li> <li>-inadequate human resource</li> </ul>

#### V. SEGMENTATION TECHNIQUE

##### DOH ComPack Utilization Report 2015

PROVINCE	No. of RHU/CHO	No. of RHU/CHO who submitted Quarterly Utilization Reports			
		1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>
ABRA	28	24	25	14	0
APAYAO	7	5	5	1	0
BAGUIO CITY	17	3	1	7	0
BENGUET	13	9	11	8	0
IFUGAO	11	5	4	1	0
KALINGA	12	12	12	5	0
MT. PROVINCE	10	3	8	5	0
<b>TOTAL</b>	<b>98</b>	<b>61</b>	<b>66</b>	<b>41</b>	<b>0</b>

**Botika ng Barangay (BnB) Status  
(as of November 25, 2015)**

<b>PROVINCE</b>	<b>NO. OF BnBs established</b>	<b>No. of BnBs closed (seed capital collected)</b>	<b>Closed BnBs for collection of seed capital</b>
APAYAO	110	28	82
BAGUIO	65	18	46
BENGUET	104	50	54
IFUGAO	102	3	70
ABRA	199	25	174
KALINGA	120	73	47
MT. PROVINCE	111	65	46
<b>TOTAL</b>	<b>811</b>	<b>262</b>	<b>519</b>

**VI. PRIORITIZATION OF CONCERNS**

For DOH ComPack Program, priority provinces for the year 2016 are Ifugao, Apayao, Baguio City and Mt. Province. While for BnB Program, priority provinces for the year 2016 are Ifugao, Abra, Apayao and Baguio City.

All provinces are main concern for the training of Pharmaceutical Supply Chain Management (PSCM).

Prepared by:

AIDEN D. BERMISA  
Pharmacist III

Noted by:

MA. LUISA L. PARAN, MD, MHA  
MOV/ LHSD Head

Approved:

AMELITA M. PANGILINAN, MD, MPH  
Director III  
Officer-in-Charge