

**STD**  
**Syndromic Management**  
**Advocacy Packet**  
**for**  
**Local Government Unit Officials**



## Priority Audiences

**Top Priority: Local Government:** (to influence LGU program support and budget allocation)

- Mayor, Vice-Mayor and City Council Members
- Local Health Board
- City AIDS Coordinating Committees or Local AIDS Councils
- City Health Officer and Social Hygiene Clinic Physician
- Barangay Captains and Barangay Associations where “red light” districts are located

**Secondary: Leaders of the Entertainment Industry:** (to convince establishment owners to invest in STD treatment for their workers and to take advantage of Triple S)

- ❑ Cebu Entertainer’s Association
- ❑ League of Angeles City Entertainers and Manager’s (LACEM) Association, and others (Karaoke owners’ association etc)
- ❑ GenSan Entertainers Association
- ❑ Similar groups in other sites

**Tertiary: General Public:** (to generate knowledge and understanding about the local STD problem and support for the Triple S program as part of the response)

- Local Medical Associations (e.g., the local chapter of the Philippines Medical Association, the Association of Registered Nurses, midwives associations, and pharmaceutical associations; Barangay Health Workers Association)
- Progressive local religious leaders supportive of social programs
- Local media – radio, TV and newspapers

## Information about STDs for LGU Officials and Leaders of the Entertainment Industry

- Sexually Transmitted Diseases (STDs) are a growing public health problem in the Philippines. Rates of infection vary across the nation, but the overall trend is upward. Consider the following table:

**Percent Testing Positive for STDs**

STD	1991*	1999**
Chlamydia	13	36
Gonorrhea	15	25
Syphilis	2	12
Trichomonas	4	6
Bacterial Vaginosis	0.2	64

\* Monzon, Manila, RSWs & FLSWs

\*\* FHI, Angeles City, FLSWs (Aug-Oct 1999)

While infection rates vary by city and risk group, the data reflect the type of increases in STD prevalence that is occurring across the Philippines.

- STDs are not limited to any social or economic class, but can and do affect people at all levels of society. In the Angeles study, **five percent** of male customers of sex workers tested positive for syphilis, meaning it's not just among sex workers that STDs are increasing, but also among certain segments of the general population.

# Information about STDs for LGU Officials and Leaders of the Entertainment Industry

- STDs are treatable with the correct drugs taken in appropriate dosage and for a sufficient period of time (usually one week). Left untreated, STDs are particularly devastating on women, teenagers and infants. Women are much more likely to acquire an STD infection and not be able to detect that they are infected because of their physical anatomy and because STDs tend to be asymptomatic in females. Young women are particularly vulnerable due to genital immaturity.
- Untreated STDs can cause major health complications, including damage to major organs, impaired reproductive health and infertility, increased risk of developing cervical cancer, and even death. STDs can be transmitted to infants during pregnancy. An infant born to a woman with a STD is at much greater risk of premature delivery, pneumonia, eye infection, and even death.
- While HIV/AIDS prevalence is low in the Philippines, a major factor that could accelerate the spread of HIV/AIDS is an increasing number of untreated STDs. Untreated STDs have been a major accelerator of HIV/AIDS infections where the epidemic has reached tragic proportions, such as in Thailand and many African countries. Research has found that a person with a STD is three to five times more likely to be infected by HIV/AIDS.
- The common practice of self-medication for STDs is worsening the situation. To reduce the cost of treatment, many people will take drugs based on advice they receive from friends and without proper consultation with a trained health service provider. (For example, Amoxicillin and Rifampicin are inappropriate drugs that are commonly used to self-medicate STDs in the Philippines). Others take the appropriate drugs but only for a few days until symptoms are alleviated. While the symptoms might be gone, without a full-course treatment with the correct drugs, the infection remains and the symptoms are likely to return. This practice is resulting in the spread of drug-resistant strains of STDs, meaning that drugs to treat STDs used in the past are now becoming ineffective against these new strains. A further contributing factor is that many physicians and pharmacists are not aware of newer, more effective drugs to treat STDs. In short, full-course treatment with effective drugs is necessary to prevent further spread of drug-resistant strains of STDs.

## Key Elements of the Triple S Program

- The Triple S program is a project implemented in AIDS Surveillance and Education Project (ASEP) cities that works toward making effective treatment for STDs more widely available to individuals in the mid- and lower level economic categories.
- The Triple S program is supported by LGU health officials and staff and implemented by local NGOs funded by ASEP, local pharmaceutical associations and their member pharmacies, and by the Program for Appropriate Technology in Health (PATH).
- The major objective of the Triple S program is to make available effective treatment that is affordable to lower income individuals through non-government channels, i.e., private pharmacies located in or near “red light” districts. This includes sex workers, their clients and the regular partners of those clients (i.e., wives or girlfriends) and other groups vulnerable to STDs (i.e., men who have sex with men) .
- Triple S packs are STD compliance packs designed for STD symptomatic men and women. Triple S are less expensive than the combined cost of the individual drugs they contain. Quality antibiotics providing a full-course treatment for STDs are packaged in a convenient folder-like package that contains two partner notification cards that allows the partner to purchase a treatment pack at half price. The pack also contain seven pieces of condom, information about STDs and prevention and instructions on how to take the medications and how to use condoms correctly.

## Key Elements of the Triple S Program

- Triple S packs are available at participating pharmacies whose staff have received training on syndromic case management where they are able to assess whether the client is likely to have an STD. Packs are distributed to the pharmacies through the local pharmaceutical association in some cities, or directly by PATH in other locations. Pharmacies buy at ex-factory cost, sell the packs at a suggested retail price which includes the standard 10 percent mark-up on products sold.
- In a few ASEP cities, a local NGO runs a clinic in support of its STD/HIV/AIDS outreach activities targeted on high-risk individuals. Other ASEP NGOs in the city refer clients to these clinics for more thorough diagnosis and treatment. These NGO clinics serve high risk individuals of lower economic means. Therefore, Triple S packs are sold by the NGOs at a discounted price compared to the pharmacy prices.
- Despite having developed an effective new channel for disseminating information about STDs and making treatment available at affordable prices, the future of the Triple S program is uncertain at this time. It is unclear whether donor funding can be found to continue the program. Therefore, it is important that LGUs recognize the important contribution the Triple S program is making to address the STD problem in their community and commit resources to maintain the program.

# Major Accomplishments of the Triple S Program

- The Triple S program has expanded access to information, diagnosis and affordable STD case management for high-risk individuals from the lower economic categories by using private pharmacies and local NGOs as outlets for these effective and quality services.
- The Triple S program augments local government services and extends services to groups who would not receive information and treatment through government facilities, most notably, men, FLSWs, and underage sex workers. Triple S has been able to target its activities so as not to duplicate government services but to strengthen them. In some cities, the Triple S pack has been a reliable substitute for government, provided treatment when drugs at the SHC are out of stock.
- A very important accomplishment of the Triple S program is to demonstrate that the private sector – NGOs, pharmaceutical associations and individual private pharmacies – can and will work together with local government in developing an effective local response to STD control. Though not an initial objective of the program, private pharmacies have become an important channel for information and guidance about STDs concerning treatment and prevention that augments the work of government services.
- The Triple S program complements efforts to inform high-risk individuals about STD/HIV/AIDS prevention by making effective treatment at affordable prices available to those who have STDs. The program promotes and reinforces messages about the use of condoms to prevent STDs, including HIV/AIDS, that are communicated through ASEP-supported outreach work.
- The Triple S program has negotiated very successfully with pharmaceutical companies to obtain drugs for the Triple S packs at reduced costs. These companies have provided significant discounts either on the expectation that the market for these drugs will grow in the future and/or because they view this as a social contribution they can make to dealing with a serious public health problem. In either case, the Triple S program has established a precedent for obtaining the necessary drugs at heavily discounted prices when purchased in bulk.

# Implications of LGUs from the Triple S Experience

- LGUs need to recognize and view the private sector as a vitally important partner and resource in responding to the problem. Government alone simply will not have the total amount of financial and human resources needed to mount an effective response. A “go-it-alone” approach by LGUs will at best be only partially successful because government services miss a very large and important part of the high-risk population that the private sector can access.
- LGUs need to think creatively in working with the private sector to disseminate information to high-risk groups, to provide diagnosis and treatment services, and to establish co-financing arrangements between government and the private sector for STD response programs.
- In addition to NGOs and private pharmacies, LGUs need to view their local pharmaceutical associations as valuable partners and as a resource for organizing and implementing activities to prevent and control STDs. In the future, LGUs and pharmaceutical associations might position themselves to negotiate jointly with drug suppliers and manufacturers to get the best possible price they can for the essential drugs in the Triple S pack.
- All LGUs currently fund services that address at least some part of the local STD problem in their community. At a minimum, this includes the Social Hygiene Clinics (SHC). Most try to provide treatment but many SHCs occasionally (sometimes frequently) lack the correct drugs or can not provide sufficient dosage for complete and provide effective treatment. LGUs need to explore possibilities of re-directing these expenditures to make greater use of NGOs and/or pharmacies selling the Triple S packs to assure effective treatment. One possibility is a voucher system where the SHC refers clients to a Triple S outlet and the city reimburses the NGO or pharmacy that provides the pack.
- LGUs need to “bite the bullet” and recognize, as General Santos City has done, that the entertainment establishments in their community are a focal point for the STD problem. Establishments serving as a venue for commercial sex should be expected to contribute to addressing the social problems that their business activities help to create through an “entertainment tax”. Resources from an “entertainment tax” should be used by LGUs to support health education efforts about STD prevention (i.e., consistent condom use) and to assure diagnostic and treatment services.
- Clearly, an “entertainment tax” will require LGUs to have the resolve and foresight to implement the appropriate ordinances imposing an additional tax on these establishments. The tax level might be made proportional to the size of the establishment and/or to the taxable proceeds of the establishment. The LGU will need to assure compliance by all such establishments so that the tax burden is shared fairly by all targeted establishments.



# Implications of LGUs from the Triple S Experience

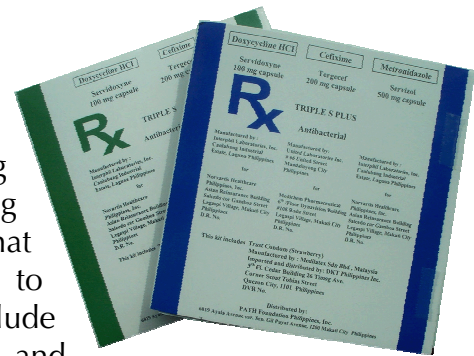
- Relying on the private sector through arrangements, such as funding NGOs for information dissemination to high-risk groups not reached by government or for providing Triple S packs for treatment, gives government a more cost-efficient means for using its limited resources effectively to respond to the STD problem.
- LGUs should recognize that their current services provided by SHCs are missing a very important segment of the STD problem – FLSWs – many of whom are underage youths. LGUs need to establish working partnerships with local NGOs who do gain access to these high-risk individuals. They can provide important information and motivation, in some cases, provide treatment, or make referrals to treatment sites, e.g., Triple S pharmacies.
- A requisite for maintaining or even reducing the cost of the Triple S packs is negotiating with suppliers for deep discounts based on the volume of drugs being purchased. LGUs can contribute to obtaining such discounts by using a voucher/referral system; or when drugs are purchased by the LGU to augment DOH supplies, by purchasing Triple S packs for use in their SHCs.

# Social Marketing of STD Case Management

## Triple S

### Background

The AIDS Surveillance and Education Project (ASEP) was launched in 1993 with the main objective of preventing rapid increase of HIV in the Philippines. With emerging evidence that STD prevention and care is an intervention that prevents HIV transmission, an STD component was added to ASEP's education program in 1995. Other strategies include community outreach peer education, condom promotion and policy development and advocacy.



While HIV rates are low in the Philippines, rates of syphilis and common sexually transmitted infections (STIs) remain high. Besides the stigma attached to STIs, services are in short supply and limited to government Social Hygiene Clinics (SHC) private clinics and pharmacies. Moreover, the high cost of drugs contributes to inappropriate self-medicating behavior among AIDS risk groups, which contributes to resistance of transmission and HIV vulnerability.

### Improving STD Case management

To improve access and quality of STD care, in 1995, PATH Philippines designed and tested the applicability of social marketing to STD prevention and management. The first initiative was to deliver training in STD syndromic case management to public and private health providers accessible to primary risk groups with funding support from USAID Philippines. Inclusion of pharmacists in the training program was deemed necessary after survey results showed drugstores were the main source of information on STD treatment for male target groups and other vulnerable individuals.

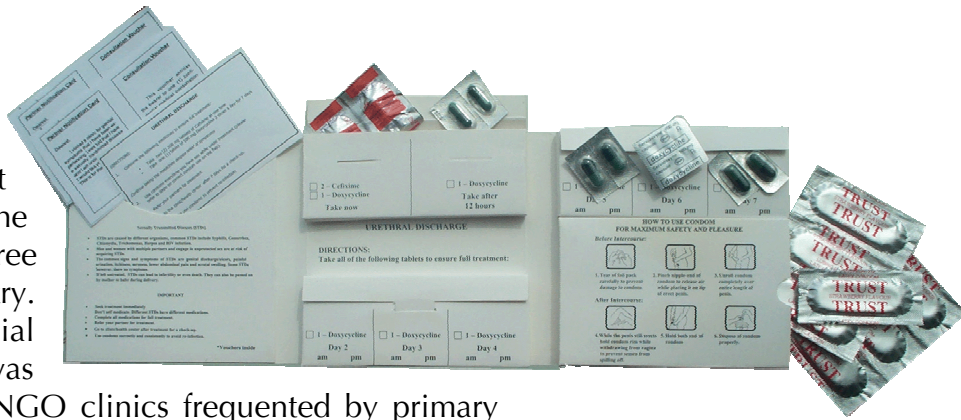
Flowcharts with treatment protocols recommended by the Philippines Department of Health (DOH) were utilized to simplify and standardize STD detection and case management. Previously trained health workers were periodically updated and supported with continuing education, which also provided opportunities for discussion and resolution of issues that emerged in management of STD cases in field settings.

While a significant proportion of trained personnel were trained on STD Syndromic Management, the availability of appropriate drugs remained a major constraint to effective treatment at local levels. This need prompted the design of a STD compliance pack containing the full course of recommended drugs packaged with partner-notification cards, seven condoms, usage instructions and basic STD information. The pack was named Triple S (SSS) for "Solusyon sa Sikretong Sakit" (Solution to Secret Sickness). Triple S packs are color-coded to minimize dispensing-errors.

# Social Marketing of STD Case Management

## Social Marketing Triple S

With support from the Netherlands Government, PATH Philippines launched a social marketing pilot project in 1998 to test the acceptability of Triple S kits in three geographic regions of the country. Applying the four tenets of social marketing (4Ps), the Triple S kit was



placed in selected drugstores and NGO clinics frequented by primary risk groups. Recognizing the financial limitations of individuals vulnerable to STIs, the kits were subsidized at 50% of actual cost for pharmacy outlets and 25% for NGO clinics. Point-of-sales (POS) materials were supplied to partner outlets for “the Promotion.”

This was augmented by mass media activities designed to raise public awareness of common STD signs and symptoms. Social marketing training was coupled with training in the four tenets of STD syndromic case management (4C's): Counseling, Compliance, Condom and Contract tracing.

The pilot operational models were launched in three different cities. In Cebu, the selected outlet was an NGO-based reproductive health clinic operated by an ASEP-partner. In General Santos, ten drugstores operated by pharmacists previously trained in STD Syndromic Management were selected as the outlets. In Angeles, a combined model of NGO clinic and pharmacy outlets was tested.

A formal launching of the project was held in each site with the participation of the City Health Officer or a designated representative. This activity acknowledged and formalized the role of the pharmacists as partners in the prevention of HIV infection in their own locality. The partner-pharmacists and a local pharmaceutical association or NGO that acted as coordinator and “distributor” of Triple S kits executed a Memorandum of Agreement (MOA). The MOA signified the parties’ commitment to the Project’s goal of extending quality STD care to underserved clients at affordable cost. The SHC physician acted as technical backstop to the partner-pharmacies. Regular monitoring visits were conducted to assist implementers with issues in the field.

Results of an external evaluation conducted in mid-1999 showed the pharmacy model as holding the greatest promise for sustainability because it met the needs of large number of symptomatic men who bypass clinical management by clinicians. To date, Triple S kits are now available in all 8 ASEP sites in 121 strategically located pharmacies and 2 NGO-clinics.

# Social Marketing of STD Case Management

## Support Activities

Initiatives of the STD strategy have been in keeping with the other strategies implemented by ASEP. The project's community outreach workers and peer educators similarly were trained in STD syndromic management to supplement prevention education and counseling of clients in the field. Small and mass media activities also supported the STD initiatives by making the public more aware of common STD syndromes and implications for HIV transmission. The policy development and advocacy program instituted local policies to promote quality STD care and improve access of freelance sex worker groups to services. To encourage partner notification, additional price subsidy for Triple S kits was extended to sexual partners of index cases

## Conclusions

During 1995-1999, more than 1500 health providers in eight cities were trained in improved STD management, 28% of them pharmacy personnel. A subset of trained providers participated in STD social marketing activities and distributed over 5,000 Triple S kits to symptomatic clients, 65% of who were males with urethral discharge syndrome. This generated PhP 761,984.00 for the Triple S revolving fund, indicating that STD clientele from low-income communities are willing to invest in recommended doses of medication if services are made accessible and affordable.

The project was able to reach a substantial number of STD symptomatic men and women. It allowed expansion of the role of the private sector in HIV prevention, particularly involving pharmacy personnel. It also demonstrated that social marketing is applicable to STD management and can facilitate compliance with recommended treatment regimens among individuals who self-medicate. Other data showing reduction in STD rates among primary risk groups during 1998-2000 suggest that Triple S may be helping to reduce vulnerability to HIV infection in ASEP sites.



Pharmacy Outlets

## Key Triple S Messages to Influence LGUs

- LGU officials need to recognize that STD is a developmental problem that has social, health and economic implications.
- LGU officials need to understand that the problem will not solve itself – inaction, or partial or ineffective action will lead to a worsening of the situation.
- They need to view an effective response to STDs as equally important as other key public health services, e.g., curative and preventative services offered at government hospitals and health facilities.
- They need to understand the connection between STDs and HIV/AIDS. While current HIV prevalence is low in the Philippines, that does not justify complacency. Raising STD rates could be one of the accelerators for increasing HIV prevalence.
- They need to understand STDs are not a problem that only affects sex workers and their clients. The growing problem of STDs threatens the general population as infection spreads from high-risk groups to the general public through sexual contact with their non-commercial sexual partners – husbands, wives, and sweethearts.
- They need to know that STDs are easily passed through unprotected vaginal, anal and oral sex. It is much easier to get a STD than it is to become infected with HIV and that having a STD greatly increases the risk of becoming infected with HIV because of behavioral (e.g., failure to use condoms) and physiological factors (e.g., breaks in mucous linings and open sores from the STD).
- They need to understand that providing services to only one portion of the high-risk population will not control the spread of STDs and that gaining access to all groups will take a partnership between government and local health organizations.
- They need to understand that information about prevention must be combined with readily accessible treatment at government and private facilities to mount an effective response.

## Key Triple S Messages to Influence LGUs

- They need to recognize that government programs and resources are simply insufficient to respond to the full scope of the problem. They need to work with local partners as demonstrated by the Triple S program – local NGOs, pharmaceutical associations and private pharmacies.
- As with any government service, cost is an important consideration for LGUs, but they need to appreciate the fact that inaction or ineffective action will create greater costs to the people they are elected to serve in the long-run. Given limited government budgets, LGUs need to raise additional revenue for effective STD programs from the entertainment businesses that serve as a venue for commercial sex. They also need to cost-share treatment for SHC clients who need STD treatment. For example, with a voucher system, the city and client might share the cost of the Triple S pack obtained from a Triple S partner pharmacy.
- By combining public and private resources, a more effective and comprehensive response to STDs can be mounted.

## Key Strategies for PATH and Its Partners to Influence LGU

- **Advocacy within the LAC/CACC – STD Action Plan:** NGOs must be active participants in the City AIDS Coordinating Committees (CACC) or Local AIDS Council (LAC). NGOs need to assure that the CACC/LAC has a clear, affordable, effective action plan for responding to STDs that combines government and private financial and human resources. NGOs need to identify weaknesses or problems with the current response and offer alternative solutions/options with reasonable and affordable steps to make improvements. In short, they need to play a leading advocacy role in the CACC/LACs for an effective response to STDs and not merely attend meetings complacently. A key element of this role is to encourage enactment of necessary ordinances and taxes with revenue earmarked for the plan's implementation. For NGOs that lack experience with playing such a role, PATH could conduct workshops that teach NGO staff advocacy techniques and elements of effective STD programs, including the use of STD prevalence data to support key messages presented above. PATH could also attend CACC/LAC meetings periodically to assist NGOs by helping to push forward needed actions.
- **Cost Estimates:** Getting acceptance of a STD action plan is likely to take several iterations. The CACC/LAC needs to understand what options are available to them and what the costs different approaches will be to help guide decision making. PATH needs to assist its local NGO and/or pharmaceutical association partners in making these cost estimates to facilitate adoption of an effective plan. The CACC/LAC would submit the plan with a budget needed for implementation to the city council for approval and funding.
- **Cross-Attendance of Meetings:** Facilitate cross-attendance of meetings between government and the local pharmaceutical association if it is an active organization. General Santos is a perfect example, the City Health Officer occasionally attends the pharmaceutical association's meetings.
- **Participation by the pharmaceutical association:** For active pharmaceutical associations, facilitate their participation in the CACC/LAC, either as a member or at least as a regular observer. The head of the association would be an excellent participant, able to speak on behalf of all member pharmacies. An example is in General Santos where the president of the Pharmaceutical association actively participates in the LAC. The pharmaceutical association plays the same role as the local NGO partner, or substitutes for a NGO where PATH has no local NGO partner.

## Key Strategies for PATH and Its Partners to Influence LGU

- **Informing City Officials:** PATH and its local NGO partner could develop presentations tailored to the situation of each city, based on what actions have been taken to date. A standard component would be a presentation to educate city officials (not just the CACC/LAC) about STDs at a council meeting or in a special meeting sponsored by PATH and its partners. This would include how STDs are spread and prevented, the harmful effects they have if left untreated, the threat STDs pose for the general public, the connection between STDs and HIV/AIDS, how STDs have been a major factor in HIV/AIDS in other countries and the elements of what an effective public health response must contain (e.g., information to high-risk groups, accessible diagnostic and treatment services, motivation to seek care by those who experience symptoms indicative of STDs, assuring that partners of those with STDs also seek treatment). A situational analysis would then follow focusing on what services for STDs are currently available and what deficiencies exist, i.e., weaknesses, gaps, excluded groups. This could be spearheaded by the NGO/CHO/SHC who would present the CACC/LAC action plan to city officials for funding.
- **World AIDS Day:** The CACC/LAC with its partners, and assisted by PATH, could organize an event or rally on World AIDS day if it does not do so already. A major theme presented during the event should be the threat of STDs and how STDs make individuals far more susceptible to HIV infection. In cities where positive action has been taken, the mayor, the city health officer and other government officials should be asked to attend and their actions should be acknowledged. Press coverage so that the electorate learns of their actions would be a further “reward” for taking action. Where positive steps have not been taken, the event will provide a forum to raising awareness about what needs to be done.
- **Press coverage for action:** Operating on the principle that government officials want to look good to those who elect them, make sure that every positive step they take toward supporting a comprehensive response to the local STD problem gets into the press. The basic message is that your city government is responding to a health problem that could potential affect anyone and that their response is helping to protect your health and the health of your family.
- **Presentations by experts & advocates:** Operating on the principle that government officials enjoy special events organized for them, PATH and its local partner should consider hosting a special half-day event where several leading experts on STDs make presentations to enlighten and motivate city officials. Keeping in the mind the audience, this has to be pitched to non-medical people. That means the presentation has to be light and punchy with a lot of visuals



## Key Strategies for PATH and Its Partners to Influence LGU

(including some of the usual grisly medical book pictures of advanced stages of STDs). Its tone should not be like a medical school lecture but rather, a forum where after a 30 minute or so presentation, city officials can ask questions. Have several presenters, all of whom are effective public speakers. Including someone from the DOH who could be a strong advocate for action. This might be a City Health Officer from another city (e.g., Dr. “Butch” Penamante from General Santos). Make sure the event gets press coverage.

- **Generating statistical data:** Where LGU officials believe there is no STD problem in their city, use available data of estimated prevalence among those attending the SHC and then project to what prevalence is among FLSW. If available prevalence data for another city shows that prevalence among FLSW is (state the local data) times what it is for RSW, then use that to project for the city being targeted. Estimate the potential number of all sex workers, and project how many young women are infected with a STD. Estimate the number of regular partners they have (husbands and sweethearts) who are now at risk of infection. Using the Angeles data that five percent of clients are infected, and given estimates of men who use commercial sex, project how many men are likely to be infected in the city. Estimate what percentage of clients are married and project the number of married women who are at potential risk of infection. Using estimates of rates of increases in STD prevalence, project how many people will be potentially at risk in five years from now. You will think of more as you get into it. This is not “rigorous science”; prevalence surveys would be more accurate, but they are expensive. What you are doing is making as much use as possible of the best available data to make the best possible estimates of the local problem. Organize these estimates using graphics and other visuals for presentation to the skeptics.
- **Put a human face on it:** It might be possible to recruit some “regular people” who have experienced STD infections to talk about their experience at a city council meeting. They might talk about the embarrassment they experienced, their inability to afford a regular doctor visit, or the difficulty of getting effective treatment. If they are Triple S clients, they could advocate for government support for a program to make treatment available to those less able to afford the full cost of the Triple S pack, e.g., support for subsidized NGO treatment services (if the NGO has clinic facilities), cost-sharing with a voucher system issued by a government health facility.

## Additional Stakeholders

- **Entertainment establishment owners:** To facilitate implementation of an “entertainment tax” as General Santos City has enacted, PATH and its local partners could mediate the process with the local owners of entertainment establishments. In some locations, an owners association already exists. Where none exists, if a sufficient number of establishment owners were interested, PATH and its partners could help organize a new association. These associations should participate in the CACC/LAC so that the owners’ concerns are taken into account, helping them to feel that they are part of the process, as opposed to merely its target. Similar to the effort directed to LGU officials, meetings to inform and educate establishment owners would be constructive and could facilitate cooperation in responding to new ordinances and taxes to fund the STD response, or permitting expanded IEC activities at their establishments. Owners/managers should also be aware of the availability of STD diagnosis and treatment at pharmacies participating in the Triple S program.
- **News media:** Local print and broadcast media should be a target for advocacy activities to inform and educate them about STDs and the local response to the problem. They might be willing to include coverage of what is being done by government, NGOs and the pharmaceutical association. This will drum up support on the actions of the LAC, inform the general public and keep attention on the problem so it becomes (or remains) a priority for the LGU. They might also be willing to provide free or heavily discounted advertising of Triple S participating pharmacies or the LAC can prepare press releases that can be handed to the media practitioners which hopefully can find its way to the local print and broadcast.
- **Medical Associations:** While doctors, nurses and midwives are knowledgeable about STDs, experience from the Triple S program suggests that many are not up to date about effective drugs for treatment. Other than those initially targeted by the Triple S program, many are also unaware of the Triple S pack available at participating pharmacies. It could be useful to request an opportunity to address an association meeting to inform medical professionals about the Triple S pack and where it is available now that it has been approved by Bureau of Food and Drugs (BFAD). The original idea of having physicians write prescriptions for the Triple S pack remains a good one that could be repeated on a broader scale.
- **Inactive or disinterested pharmaceutical associations:** Triple S program experience shows how constructive an active association can be in developing an effective response to STDs. It would be a worthwhile investment of time in those cities where the association has not been active to try to engage them. Some cross-fertilization of ideas and experience might be one approach where association representatives are brought together to learn from the more active associations. Alternatively, a representative of an active association might be brought to attend another associations meetings where she/he discusses the benefits of getting involved with the program.

## Additional Stakeholders

- **Local “influentials” – the Big Shots:** Where a LGU is reluctant or unwilling to take appropriate actions to establish an effective response to STDs, it is worth considering whether local influentials who are strongly connected to local government could become a source of support. In some cases, these people might be highly conservative and opposed to programs that target individuals involved with commercial sex. However, others are more socially progressive and might be willing to support a program that in fact benefits the broader society. Admittedly, it’s a long-shot, but something worth considering when other approaches have led to inadequate outcomes.

# Indicators of Progress and Success

In no necessarily sequential order, qualitative indicators of progress include the following:

- The LGU enacts ordinances to establish a multi-sectoral City AIDS Coordinating Committee.
- A CACC/LAC is organized and includes at least three representatives from the private sector, e.g., local NGOs, the pharmaceutical association, private pharmacists, clergy.
- Meetings are held regularly as scheduled with regular attendance by members.
- The CACC/LAC formulates a STD action plan and associated budget.
- The LGU provides additional funding for the action plan or elements of it.
- The LGU passes an “entertainment tax” on establishments that serve as a venue for commercial sex work, including specific language to the effect that revenues will be used to fund the city’s STD program.
- The LGU approves the purchase of Triple S packs for treatment at its SHC when DOH drug stocks are unavailable or ineffective.
- The City Health Office receives permission to use a voucher system where SHC clients are referred to Triple S pharmacies to obtain a Triple S drug pack. The LGU reimburses the pharmacy for vouchers submitted.
- A mechanism allowing the SHC to receive payment for some portion of treatment costs for RSW with STDs is established.
- The LGU provides sufficient budget to implement all or at least most of the STD action plan.
- Annual sales volume of Triple S packs increases.
- A formerly inactive or disinterested pharmaceutical association “wakes up” and becomes an active participant in the CACC and/or the Triple S program.

# Questions and Answers

(This section assumes that these generic questions, and particularly the responses, will be adjusted according to local conditions, e.g., NGO and association involvement, what the city government has done so far, etc. A 10 minute review of what has been done to date in the city under the Triple S program, if it is an ASEP site, would provide useful background information for those unfamiliar with the Triple S program. If it is not an ASEP city, then provide a general overview of the Triple S program using an ASEP city as an example of what is proposed for this particular city. It is also assumed that the person responding to the questions is knowledgeable about the Triple S program and can answer very specific questions about how the program operates.)

**Q:** The city has so many other priority issues and a limited budget, why should we allocate additional funding for a STD program?

**A:** I appreciate the numerous demands that the city must respond to; however, public health is also an important priority. Inaction or partial action that does not address the full scope of the STD problem will very likely result in an even greater problem in the near future, placing even greater demands on the city.

**Q:** The city is already funding various public health programs, including the SHC, and it simply does not have sufficient budget to allocate more. Are you suggesting we reduce spending in other areas to fund this expanded program? Where will funding additional funding come from?

**A:** The city's funding for health programs is an excellent example of responsible governance and the people appreciate it very much. We are not suggesting that cuts be made in other activities; rather, it might be possible to use current funding for STD prevention more efficiently and effectively when managed by a new action plan. Part of the action plan is to raise revenue for the city to enable it to allocate those funds for a more comprehensive response to the problem. A small tax should be levied on entertainment establishments since they are a major venue for the sexual activity driving the STD problem. We recognize this might be difficult to do, but other cities, notably General Santos City, have enacted such a tax.

**Q:** How much will this expanded response cost, how many more people must the city hire to support this program?

**A:** The additional cost is less than you might imagine because the plan is not entirely dependent on government resources. As the Triple S program has demonstrated conclusively, the most effective response results from government working in partnership with the private sector. This means local NGOs who have access to high-risk groups that do not normally use government health services for STDs (i.e., the SHC), and the local pharmaceutical association and its member pharmacies. NGOs and pharmacies provide information about STDs, diagnosis, and treatment. The budget we are seeking for the STD action plan is (annual budget request).

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**Q:** NGOs and private businesses do not work for free. Where are funds going to come from?

**A:** Unlike government services that are provided for free, the Triple S pack is sold by NGOs and pharmacies. The revenue this creates greatly reduces the cost of the program compared to free government services. NGOs typically target the poor segments of the city's population and they sell the Triple S packs at a discount price but they still recover the majority of the cost of treatment from the client. The estimated annual budget the NGO needs to support its outreach and treatment service (if the NGO has a clinic) is (estimated budget). Instead of hiring more staff, in effect, the city contracts out these services at a minimal cost to a highly effective organization who reaches an important segment of the population where STD rates are high. Again, the city is encouraged to raise revenue through a reasonable entertainment tax. The city should also consider collecting a small fee for the services it provides for STD treatment at the SHC to further reduce the financial burden on the city. We recognize that this is a departure from the past, but people must recognize that they share in the responsibility for their health care and that the city alone cannot afford to provide completely free services forever. Moreover, the majority of women attending the SHC can afford a modest fee without discouraging their coming to the SHC.

PATH has some funds to support implementation costs, including technical assistance to NGOs and your pharmaceutical association. In the past, PATH provided financial assistance to the NGO and covered other program expenses. Unfortunately, this funding has ended and that is why we are asking the city to allocate a reasonable budget for this program, which it could do easily with revenue from an entertainment tax.

An important point to recognize is that the selling price of the Triple S pack at pharmacies covers most of the expense of the drugs and condoms it contains. The small profit pharmacies derive from these sales contributes to the sustainability of the program.

**Q:** Our city is a very conservative society, and people might object to the government spending more for program that are directed to people engaged in immoral activities. Assuming we provide this funding, how do we respond to such objections?

**A:** All cities in the Philippines confront precisely this issue when they fund social programs that benefit certain groups who others dislike. This is indeed a devout Christian (or Muslim, take your pick) community, as such we are our brother's keeper and it is our responsibility as Christians (or Muslims) to assist those in need.

We all know what the reality of the situation is. The city has a sex industry because ordinary, average people participate in it. It has always been around in one form or another, and will continue for at least as long as we're on this earth. To pretend otherwise is sheer hypocrisy and irresponsibility.

The city already supports programs and services that to certain sectors is objectionable, such as family planning, because the city recognizes that these services are for the common good of the society. The same applies to STD services. If the city government is confronted with charges that it is misallocating funds to those who do not deserve it, the city must respond with the facts. The key fact is that STDs pose a potential threat to the public health of the

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city, and that threat becomes only greater if these services are not supported. The city is acting responsibly in mounting a response to a problem for the benefit of all through these its support for STD control.

Please be assured we will support you fully in responding to any such accusations with medical facts and hard data about the importance of mounting an effective program to control STDs in the city.

**Q:** Why do we need these activities? Isn't the SHC enough?

**A:** The SHC only provides services to registered sex workers and other employees working in entertainment establishments in accordance with national regulations. While this is a good intervention, it misses a large part of the problem. First, it only provides services to women. Second, it only provides services to those working in entertainment establishments who are of legitimate age for such work. The SHC does not reach those working independently or outside of an establishment. Unfortunately, a growing number of those in this group are underage youths. STD rates among this "freelance" group are known to be considerably higher than for those working in an establishment. This fact demonstrates that the SHC and its services are working, what we are proposing is to broaden coverage and improve the efficiency of government budget allocations that it is already making.

Finally, effective treatment services for men and their partners are important and needed. Unfortunately, the knowledge of many physicians about effective STD treatment is out of date, Triple S pharmacies tell us they see prescriptions for STD treatment for drugs that are ineffective and for too short a period of time. If both partners are not treated, they simply keep re-infecting each other after one or the other obtains treatment.

**Q:** How do we know that this action plan will be as effective as you are claiming?

**A:** The action plan is based on several years of experience from the initial pilot activity that developed the Triple S program. What the pilot demonstrated conclusively is that government and the private sector can work together cooperatively pursuing the same overall objective of developing services that contribute to controlling STD infections. This is also an important intervention needed to maintain the low HIV prevalence in the country.

Local NGOs and private pharmacies, supported by their association, open new channels for information and services, augmenting – not duplicating – government services. Moreover, they reach people who are not normally covered by existing STD services provided by government. While NGOs have traditionally been effective health educators, pharmacy staff have proven to be highly effective sources of information. The reason the client comes to the pharmacy is because he/she trusts the pharmacy staff.

NGO and pharmacy staff have been trained to use STD syndromic case management to assess a client's likelihood of infection. The Triple S compliance pack contains drugs that are highly effective when the complete course of treatment is taken by the client. In only very exceptional cases of highly drug-resistant strains of a STD has the Triple S pack not

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eliminated the infection. We have strong evidence that in the very large majority of cases, the pack is highly effective.

What the action plan does is create a partnership between government and private sector, reducing the burden on government to fund a response to the STD problem. Through this partnership, a more comprehensive and effective response is mounted.

**Q:** Diagnosis and treatment are expensive, and unless people understand how to prevent infection, won't they simply keep getting re-infected, resulting in endless expenses for the government?

**A:** That is exactly right and why health education figures prominently in the proposed program. The main role of the NGO is to inform high-risk individuals that government usually cannot access. NGO staff and community volunteers inform these people about the cause of STDs, its harmful effects on health, the increased risk of HIV infection caused by STDs, the need for treatment, the importance of partners receiving treatment and how to prevent infection, and other key messages. To gain credibility with these people, peer educators are recruited for this activity who are more effective communicators than most regular health staff. Pharmacy staff receive training to provide the same messages to clients seeking information and/or treatment. Many participating pharmacies have set aside a small place giving a degree of privacy for such counseling. Pharmacy staff spend as much as 20 minutes with a client counseling them about STD symptoms, diagnosis, treatment and prevention. Again, the advice of the pharmacy staff is sought by the client because he/she trusts them and believes them.

You are indeed correct, correct knowledge and acting on the basis of that knowledge is essential to address the problem.

**Q:** How much do the Triple S packs cost? Are they affordable to many? What about the poor who are unable to afford them? How can we keep the price low or reduce the cost further?

**A:** Compared to what the client would have to pay if s/he purchases the same drugs individually, the price of the Triple S packs is much reduced. The cost is based on a suggested retail price set by PATH, which is standardized in all locations where Triple S project is being implemented. The selling price includes a small profit for the pharmacy, following the same mark-up they use for other products. The cost is even lower when the partner/s of pharmacy client purchases Triple S using the partner notification card, which allows them to avail of a 50% discount.

NGOs charge their clients a lower price than the pharmacy because they are targeting lower income groups. In general, the Triple S pack is designed/priced to reach those in "C" economic category and some in the "D" category. In other words, the targeted population are working people with modest incomes. The very poor need to turn to government services because they simply cannot afford to pay for treatment.

The costs of the packs are as low as they are because PATH was able to negotiate significant discounts from the drug suppliers. The key to obtaining such discounts is volume.



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Government can help keep pack prices low by purchasing the packs at cost to be used in the SHC. This increases the volume of purchases from suppliers, strengthening the buyers negotiating position. If cities and local pharmaceutical associations were to join together to make large bulk volume purchases, costs to government and to those purchasing the packs would very likely be reduced. Clearly, everyone would benefit from lower prices

**Q:** How long will the city have to support this program?

**A:** This is a good question and one that is very difficult to answer definitively. What we would hope is that over time costs to the government would decrease as knowledge about the Triple S packs availability at pharmacies increases. The volume of sales can be driven by effective health education and communication. Price is also a determining factor – we if we can reduce pack prices, sales are very likely to increase, but pricing must reflect actual costs of the pack to work towards long-term sustainability.

It is very likely that over the short-term – say, the next five years – government will need to allocate the requested funding for the program. This makes it all the more important to establish an entertainment tax. Think of it as equivalent as a user fee placing some of the burden for responding to the problem on those who help to create it. Similarly, government needs to come to grips with the issue of free STD services for those who could actually afford to pay some portion of those services.

Over the longer-term, with economic growth, more of the costs of responding to STDs should become the responsibility of those who can afford to pay the full or at least most of the costs of treatment and prevention. What government will not escape is bearing the costs of services for the very poor.

**Q:** The idea of working in partnership with the private sector is a good one, but what will happen if the NGO ceases its operations? How sustainable is this approach and this program?

**A:** There is always a degree of uncertainty in whatever we do. However, your NGO partner (local NGO name – e.g. Bidlisiw Foundation in Cebu City) has a well established track record of performance. While working under the ASEP and Triple S programs, PATH provided continuing technical assistance and monitoring to strengthen their/our capabilities. The NGO, (name of the NGO), has conducted several projects (name the different project) in the health sector, its is managed by an extremely well qualified team of health professionals who collectively have (identify how may years of work) years of on-the-ground experience, its board is composed of (name the board members, their credentials and cite all the strengths of the NGO).

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Therefore, it is highly unlikely that, (name the NGO), will stop its work in this sector any time soon, nor will the need for their involvement in this action plan end soon.

A key factor working toward sustainability of this program is that it engages the private sector, specifically private pharmacies and their association. Pharmacies are businesses and if there is a profit to be made, albeit small, that provides the incentive to continue participating. However, experience with the Triple S program shows that pharmacies were not making significant profits from their sales of Triple S packs. They also report very few return customers who initially bought a Triple S pack and then returned to make other purchases. In short, the Triple S program has not yet been much of a “business builder” for the pharmacies, but it might be in the future.

What has sustained the participation of the pharmacies is that owners and staff have a sense of responsibility to the community where they are located. Regardless of whatever profit motivate was involved in joining the program, doing something socially constructive and helpful has been a driving force and will continue to be so for many years to come.

**Q:** What additional actions should the city government take to support this program in addition to meeting this budget request?

**A:** This is when the various actions needed by LGU should be presented to support the action plan. For example, if it has not yet enacted an ordinance to create the CACC/LAC, then that is a first step. The specifics will depend on what has been done to date by the LGU, what problems need to be resolved (e.g., release of funds collected by the city from its entertainment tax), and what is being proposed to them for funding by the action plan. (See list of Progress Indicators for the types of actions that should be discussed if this question is asked)

