Assessment of the COMPACK Program

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As the administration gears toward the achievement of Universal Health Care/Kalusugang Pangkalahanan by 2016, it has to ensure additional resources for essential medicines, which is a vital component of any functioning health system to deliver quality health services to the people. The Complete Treatment Pack (COMPACK) Program aims to ensure access to medicines by the poorest of the poor for the topmost common diseases in the country. The COMPACK Program is an expanded version of the P100 Treatment Pack Program of the Department of Health (DOH) that was pilot tested in Mindoro Oriental and other provinces.

In 2012, the COMPACK Program became part of the DOH’s access to cheaper medicines program by integrating it with the Medicines Access Programs (MAPs). MAPs include a set of programs that support health-care delivery through the provision of essential medicines to patients for all priority diseases in the country. The programs aim to result in decreased health-care cost, improved primary health care in the poorest communities, sick indigent patients provided with complete treatment regimens, improved early detection for priority diseases, improved survival and incidence rates, and cost-effective uniform treatment regimens in public health facilities.

In 2009, the COMPACK program was expanded to cater to the medicine requirements of the beneficiaries of the Pantawid Pamilyang Pilipino Program (4Ps). Initially, COMPACK medicines were thought to be exclusive to conditional cash transfer (CCT) beneficiaries but this misconception was eventually addressed by the DOH in Administrative Order 2011-0013 (Implementing Guidelines for the DOH Complete Treatment Pack to Ensure Sustainable...
Access to Essential Drugs and Medicines for the Marginalized Sector. The order indicated that the COMPACK Program “shall be implemented in priority areas identified by the DWSD as part of the CCT program. It may also be implemented in other LGUs as part of the Province-wide Investment Plan for Health (PIPH) of the DOH particularly those LGUs aiming to increase availability of essential medicines in their public facilities. The DOH COMPACK program medicines can be availed by PhilHealth’s eligible sponsored members and their qualified dependents, families covered by the National Health Targeting Survey, 4Ps beneficiaries, senior citizens, and persons with disabilities.

This Policy Note presents the results of the COMPACK Program’s evaluation that analyzed its effectiveness. The evaluation was conducted using both qualitative and quantitative research methods, which include 22 key informant interviews, 15 focus group discussions, and a survey of 180 respondents in six municipalities (Table 1).

Findings

Positive effects

The introduction of the COMPACK Program flowed from the DOH regional offices to the local government units (LGUs) as programmed. The LGUs employed their own methods for program adoption, integration in their work programs, and monitoring. The COMPACK program’s logistics management system, however, ensured that the medicines were delivered directly to the LGUs. This shortened the delivery time as the commodities did not have to go through the Centers for Health Development and Provincial Health Offices.

The implementation of the COMPACK Program depended mainly on the support of the LGUs, the capacity and efficiency of the rural health unit (RHU) staff, the management skills of the LGUs and RHUs in weaving the COMPACK Program into the existing programs, and their working relationship with the DOH. Some DOH-related factors that affected program implementation were identified, such as: mismatch in the type and timing of the medicines supplied to the LGUs, inadequate consultation with the LGUs on their medicine requirements resulting in the oversupply of some medicines and undersupply of other items, perceived overload of requirements and scheduled trainings from the DOH, and

Table 1. Selected municipalities included for data gathering

<table>
<thead>
<tr>
<th>Island</th>
<th>Province</th>
<th>Municipality</th>
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<tbody>
<tr>
<td>Luzon</td>
<td>Nueva Ecija</td>
<td>Talugtog</td>
</tr>
<tr>
<td></td>
<td>Camarines Sur</td>
<td>Bombon</td>
</tr>
<tr>
<td>Visayas</td>
<td>Aklan</td>
<td>Tangalan</td>
</tr>
<tr>
<td></td>
<td>Negros Oriental</td>
<td>Tayasan</td>
</tr>
<tr>
<td>Mindanao</td>
<td>Bukidnon</td>
<td>San Fernando</td>
</tr>
<tr>
<td></td>
<td>Misamis Oriental</td>
<td>Balingasan</td>
</tr>
</tbody>
</table>

Source: Author’s compilation
limited monitoring of the program beyond the submission of required reports.

In response to the mismatch issue, the DOH initiated a ‘requisition’ system in 2012 such that the stock delivered to the LGUs were based on their needs. Prior to this system, the needed medicines were based on estimates and subsequently procured based on forecast requirements. The new system became fully operational in 2013.

Meanwhile, the problem of expired medicines was addressed by the DOH through an earlier issuance that clarified that the COMPACK can be implemented as part of the PIPH’s access to medicines program and that the medicines can be availed of by PhilHealth eligible members and as take-home medicines for confined PhilHealth members. The DOH also allowed the transfer of medicine stocks to nearby hospitals and other government health facilities such as the infirmaries and clinics being managed by other government agencies.

The convergence of the COMPACK Program with other DOH programs was also observed. The inclusion of lagundi and sambong tablets in the medicine list facilitated the distribution of the Philippine Institute for Traditional and Alternative Health Care Herbal Processing Plant products in the RHUs. The distribution of these herbal medicines enhanced their use as part of the Standard Treatment Guidelines for common respiratory and urinary tract ailments. The Doctors to the Barrios (DTTB) Program, the Registered Nurses for Health Enhancement and Local Service (RN HEALS), and the Rural Health Midwife Placement Program served as complementary programs to the distribution of medicines in RHUs and their respective coverage areas. One respondent from Mindanao gave the following observation on the complementation of the human resource deployment program with the COMPACK Program. “It’s a big help to the people because they will no longer spend for transportation or go through the difficulty of travelling on a motorcycle just to get medicines from the RHU.”

Table 2 summarizes the results of the survey of the knowledge and attitude on the COMPACK Program. More than 90 percent respondents said they were provided with services by the program, which reflects its high visibility and high utilization rate. The value of the program in improving the services of the RHUs was also evident; 94.6 percent

<table>
<thead>
<tr>
<th>Selected Knowledge and Attitude Survey Items</th>
<th>Total (%)</th>
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<tbody>
<tr>
<td>“Know something about COMPACK Program”</td>
<td>98.4</td>
</tr>
<tr>
<td>“COMPACK Program helping improve the local health system”</td>
<td>97.7</td>
</tr>
<tr>
<td>“Observed more patients availing of RHU services”</td>
<td>96.1</td>
</tr>
<tr>
<td>“Observed the RHU and LGU to be more active”</td>
<td>94.6</td>
</tr>
<tr>
<td>“COMPACK Program activities at the RHU”</td>
<td>94.5</td>
</tr>
<tr>
<td>“Provided with services by the COMPACK Program”</td>
<td>91.5</td>
</tr>
<tr>
<td>“LGU has no problems maintaining the COMPACK Program”</td>
<td>73.6</td>
</tr>
</tbody>
</table>

Source: Author’s compilation
noted that the RHUs and the LGUs have become more active in conducting health-related activities since the COMPACK Program was implemented. Majority of respondents also had a positive view of the sustainability of the program. More than a third perceived that LGUs have no problems in sustaining the COMPACK Program.

The COMPACK survey data, when analyzed with the 2012 Department of Social Welfare and Development (DSWD) monitoring of the 4Ps, can provide an indication of the contribution of the COMPACK Program to the 4Ps. The September 2012 Monitoring Report showed 91.29 percent of the total monitored program beneficiaries in the municipalities visited health units to avail of health services, indicating a high level of access to the 4Ps-related health programs including the COMPACK Program (DSWD 2012). The COMPACK Program survey findings showed a similar trend, indicating that 91.5 percent of the respondents were provided with services. The DSWD monitoring report had only CCT beneficiaries as respondents while the COMPACK survey did not differentiate between CCT and non-CCT beneficiaries.

Moreover, data on the availability of medicines showed a marked improvement over a previous essential medicines’ survey. In 2009, the availability of 15 key essential medicines in public health facilities was found to be only 53.3 percent while warehouses that supply the public health system registered an average availability of 33 percent (Batangan and Juban 2009). Another study conducted by the European Commission in 2010 across 234 primary health-care facilities and 65 hospital pharmacies in 10 regions for an extended list of 44 essential medicines showed an even worse situation where average availability was only 25 percent (Dichosa et al. 2010).

The 2009 survey also reported an average household expenditures of PHP 441 for four weeks to 1,071 households. Qualitative data from the study showed that the COMPACK Program beneficiaries had a 20- to 30-percent decrease in their monthly medicine expenditures that can be associated with the introduction of the COMPACK Program. This translates to an estimated weekly savings of PHP 88.20 to PHP 132.30 on medicine expenditures per household.

**Issues in implementation**

The study identified cases of inconsistent application of the COMPACK Program guidelines with respect to the PhilHealth benefit packages with built-in medicine benefits. The availment of COMPACK medicines by PhilHealth and non-PhilHealth members was also the subject of numerous clarifications by the LGU providers as discussed above. The COMPACK medicines were provided free of charge to CCT beneficiaries who are enrolled under the PhilHealth-sponsored program and to other RHU patients regardless of whether they are PhilHealth members or not. For PhilHealth members, however, the COMPACK medicines were treated as part of the benefit packages while for non-PhilHealth members,
the COMPACK medicines were part of the LGU health services and access to medicines program. The RHUs that serve as LGU health-care providers for sponsored PhilHealth members facilitate the linking of benefits as they are the designated and authorized health service providers of both the DOH and PhilHealth programs.

In subsequent developments, the PhilHealth proposed the expansion of the Primary Care Benefit (PCB) package and the integration of the medicine benefits to include drug-related requirements for additional conditions such as the following:

- Asthma: salbutamol inhaler and prednisone
- Acute gastroenteritis with no or mild dehydration: oral rehydration salts and zinc supplements (for children)
- Upper respiratory tract infection: paracetamol, amoxicillin, erythromycin
- Pneumonia (minimal and low risk): paracetamol (to include children), amoxicillin, salbutamol (for children), erythromycin
- Urinary tract infection: ofloxacin
- Diabetes mellitus: metformin, glibenclamide
- Hypertension: hydrochlorothiazide, metoprolol, enalapril, amlodipine
- Dyslipidemia: simvastatin
- Deworming: mebendazole

This expanded PCB package assumes that there are PhilHealth-accredited drug outlets in the LGUs that will supply the specified drugs and medicines. In areas where there may be no accredited drug outlets, the COMPACK Program is expected to be the main source of drugs and medicines to support PhilHealth’s medicine-related benefits.

Another difficulty in the COMPACK Program implementation relates to the reporting system. The system and the forms used were redundant and difficult to set up at the RHU level. The logbooks and forms to be accomplished by the RHU staff for the COMPACK Program served as additional tasks in their drugs and medicines utilization report. The separate reports for the various medicine access programs of the DOH, LGU, House of Representatives, private donors, and the PhilHealth PCB claims were repeatedly mentioned by the RHU staff as additional and overlapping tasks. Examples of programs with overlapping reporting systems include the Maternal Neonatal Deaths Reporting System, the Integrated Tuberculosis Information System, the National Online Stock Inventory Reporting System (NOSIRS), the Surveillance in Post Extreme Emergencies and Disasters, Watching Over Mothers and Babies, iClinicSys, RxBox, and Geographic Information System Health Facility Mapping. The NOSIRS is a logistics management initiative with standard and formal reporting systems that can generate logistics information at all levels of the health-care system. NOSIRS uses supply management recording to efficiently track the status of commodities at health facilities and hospitals nationwide. COMPACK reporting has been recommended for integration with the
This recommendation is now being implemented by the DOH.

**Recommendations**

The following courses of action are recommended to improve the implementation of the COMPACK Program:

1. Ensure the integration of the COMPACK Program with LGU development plans. Include definite provisions on the prioritization of beneficiaries, specifically 4Ps beneficiaries, PhilHealth members, and non-PhilHealth members. Include civil society and private sector representatives in the conduct of national and local COMPACK Program implementation reviews.

2. Continue addressing DOH-related concerns, specifically the unstable and incorrect supply of medicines, the uneven pacing of trainings and the delays in the dissemination of program updates, the program’s integration with other DOH programs like DTTB, RN HEALS, and PCB package, and the conduct of regular consultations and performance evaluations.

3. Integrate the recording and reporting of the COMPACK program into the PhilHealth e-pharmacy module and Shared Health Record of the Philippine Health Information Exchange.

4. Conduct further studies on the following:
   - Comparison of the COMPACK Program’s impact between 4Ps and non-4Ps households.
   - Tracking of the use of the medicine access programs in selected sectors and beneficiaries to determine the convergence of benefits as well as the redundancies in funding.
   - Supply chain management audit to determine the inefficiencies and the barriers in the distribution of medicines to intended beneficiaries.
   - Cost-benefit or cost-effectiveness analysis of COMPACK medicines in relation to medical conditions that impose the heaviest burden on the National Health Accounts.

**References**

