THE IMPACT OF THE CHEAPER MEDICINESACT (CMA) ON HOUSEHOLDS IN METRO MANILA: A QUALITATIVE STUDY

FINAL REPORT

Submitted to the Philippine Institute for Development Studies

Eleanora De Guzman, MA and Maria Adoracion Fausto, MBA

Table of Contents

LIST OF ACRONYMS

BFAD	: Bureau of Food and Drug
CAE	: Consumers' Action for Empowerment
CMA	: Cheaper Medicines Act
CML	: Cheaper Medicines Law
DOH	: Department of Health
DSWD	: Department of Social Welfare and Development
FDA	: Food and Drug Adminstration
FGD	: Focus Group Discussion
GMAP	: Government Mediated Access Price
HAIN	: Health Action Information Network
HH	: Household
HMO	: Health Maintenance Organization
KAP	: Knowledge, Attitudes, Practices
MDG	: Millennium Development Goal
MDRP	: Maximum Drug Retail Price
MORES	: Philippines Market and Opinion Research Society
NEMS	: National Essential Medicines Scheme
NGO	: Non-Govenment Organization
NSO	: National Statistics Office
PHAP	: Pharmaceutical Association of the Philippines
PHILHEALTH	: Philippine Health Insurance Corporation
PIDS	: Philippine Institute for Development Studies
R	: Respondent
SEC	: Socio-economic Class
WHO	: World Health Organization

EXECUTIVE SUMMARY

The Cheaper Medicines Act (CMA) of 2008 aims to benefit majority of Filipinos who are poor by significantly reducing the cost of medicines in the Philippines. Executive Order No. 821 was subsequently enacted which prescribes maximum drug retail prices for selected medicines.The list of medicines under price regulation includes those indicated for chronic and life-threatening illnesses, prevention of diseases, and prevention of pregnancy. Four years since its implementation, many sectors claim that the CMA has not benefited Filipinos who continue to have little access to affordable drugs.

This qualitative study aimed to determine the knowledge, attitudes and practices related to the CMA and assess the impact of its key provisions and implementation among households (HH) from three socio-economic classes (SEC) – low income, middle income and high income. The study is part of the "Health Systems Research Management in the Department of Health (DOH)", a project funded by the DOH that is being implemented by the Philippines Institute for Development Studies.

The main research methodology was focus group discussion (FGD). In June 2013, nine FGDs (three FGDs for each SEC) were conducted among 62 respondents (Rs) who are the primary decision makers on health in the three HH classes cited above. All Rs were from various parts of Metro Manila – the area selected since it is the single biggest market for any product or service in the Philippines. A desk review of related literature was also undertaken.

Among the key findings are :

- Overall, there is low spontaneous awareness of the CMA across all SECs although many Rs spontaneously recall the Generics Act. When prompted, more recognize the CMA. Across all SECs, the main sources of awareness on the CMA are mass media channels – TV, radio and print ads, and news and public affairs programs. Correct knowledge on the CMA is poor.
- Government doctors and health centers are poor sources of information on this law although they are very good sources of information and advice on generics. Private doctors are poor sources of information on the CMA and on generics as well.
- The CMA does not seem to have resulted in significantly reducing the financial burden of medicine costs among HHs. Respondents from all SECs claim that their expenditures for medicines are still "heavy". The law has had little effect on low income Rs (Class DE) who rarely buy branded medicines, and avail of free medicines from government health centers or purchase cheap generics. Even at greatly reduced cost, Class DE Rs still cannot afford branded medicines. Middle income (Class C) and upper income (Class AB) Rs buy branded medicines but most of what they buy are not included in the GMAP list. If they cannot afford the

price of branded medicines for chronic ailments, some Class C Rs alternate between taking the generics and branded medications to complete their regimen.

- Few respondents have noticed price reductions in the cost of branded medicines. This may be because the Government Mediated Access Price (GMAP) list is limited and does not cover: some brands that Rs or their family need for chronic ailments, and medications for common everyday illnesses. Many brands in the GMAP are also not known to the respondents.
- Many Rs have not noticed the GMAP poster that is mandated to be placed in a visible area in all drugstores.
- Rs from all SECs are skeptical on why the prices of branded medicines in the GMAP have been drastically reduced since they correlate low drug prices with poor quality and weak potency.

Considering these key findings, there is need to enhance correct knowledge on the CMA and the GMAP among all SECs, provide information on why the prices of drugs have been greatly reduced, and expand the GMAP list. Mass media as well as government health staff, who have been proven to be effective information sources on generics, can be mobilized to promote the CMA. Private physicians' knowledge of and attitudes towards the CMA and generics, need to be improved.

I.BACKGROUND

The Cheaper Medicines Act (CMA), signed into law in June 2008, intended to achieve universally accessible and cheaper but quality medicines by pursuing an effective competition policy in the pharmaceutical sector. The President of the Philippines subsequently issued Executive Order No. 821 prescribing maximum drug retail prices (MDRP) for selected drugs and medicines that address diseases which are the leading causes of morbidity and mortality

The list of drugs and medicines subject to price regulation includes those indicated for treatment of chronic and life-threatening illnesses, prevention of diseases, and prevention of pregnancy.It also includes anesthetic agents, intravenous fluids, drugs and medicines in the Philippine National Drug Formulary Essential Drug List, and other drugs and medicines which the Secretary of the Department of Health (DOH) may, from time to time, deem necessary to regulate their prices.A 50% voluntary price reduction of pharmaceutical companies on 16 essential drugs and medications to treat hypertension, diabetes, common infections and leukemia and 10-50% price reduction on 22 other drugs were further effected.

The Act aims to benefit majority of Filipinos who are poor and cannot afford the prohibitive price of medicines in the country by reducing the cost of drugs and medicines in the Philippines where drug prices are more expensive than in other countries in Asia, and in other countries of similar status (Picazo, 2011). Four years since its implementation, many sectors notably lawmakers and advocacy groups claim that the Act has not benefited Filipinos who continue to have no access to cheap and affordable drugs and medicines (HAIN 2009, CAE 2012).

The sentiment is shared by the Pharmaceutical Association of the Philippines (PHAP) whose Executive Director in an interview for an episode of the ABS-CBN TV program "Krusada" in July 2012, said that although prices of 200 products have decreased by almost 50%, they are still out of the reach of many Filipinos who have no money to buy medicines (Blanco, Krusada web post July 28, 2012).

This Report provides a comprehensive description of the qualitative research on the impact of the CMA on three socio-economic groups of respondents – high income (Class AB), middle income (Class C) and low income (Class DE). It describes the research background and methodology, and presents findings, conclusions and recommendations to provide insights to help improve the positive impact of the law on consumers.

II. OBJECTIVES OF THE RESEARCH STUDY

This qualitative research has the following objectives:

- To find out the knowledge, attitudes and practices (KAP) related to the CMA among households from three socio-economic classes (SEC) – low income, middle income and high income classes
- To assess the impact of the key provisions and implementation of the CMA among households from these socio-economic classes

This qualitative study provides information and insights on a) whether Filipino households from various SECs know that the Act is now operational as law, and b) how they have benefited from the Act's implementation. Such information adds to the body of evidence concerning the Act's intended beneficiaries. This evidence can be used by government to determine and take the necessary action to improve the Act's implementation and increase its positive impact on the poorer sections of society.

The conceptual framework governing this study posits that knowledge, attitudes and availment of benefits from the Act are influenced by a family's socio-economic class. They are also influenced by factors outside the individual and family like actual prices of medicines in the specific drug outlets (government vs. private; branded vs generics), and promotional activities to improve the public's awareness of the law.

III. SIGNIFICANCE OF THE STUDY

Information from this study will provide insights that can be used by government to determine and take necessary action to improve implementation of the Cheaper Medicines Act and to increase its positive impact on consumers particularly the poorer sections of society. This study delves into the consumer or "demand" aspect of the Cheaper Medicines Act vs. other studies which investigate the "supply" aspect like studies on drug prices, on availability and quality of medicines, etc.

IV. RESEARCH METHODOLOGY USED

A. Focus Group Discussion (FGD)

The main research methodology used in this study was focus group discussions (FGDs). Nine FGDs were conducted to collect primary data to achieve the research objectives. Respondents for the FGDs were selected from the three SECs cited above based on their roles as being primarily responsible for health care of their families. A desk review of related literature was also undertaken to gather background information on the research topic.

The FGD is a widely acknowledged qualitative research method. The use of qualitative methods allows researchers to explore a subject matter in-depth and in detail (Patton, 1989). The purpose is to explain and gain insights and understanding of behaviors and motivations through intensive collection of narrative data. Qualitative methods answer the "how" and "why" questions. FGDs

gather data through in-depth interviews of a few (six to ten) respondents in small groups. These respondents are purposively selected according to specific socio-demographic characteristics. The group discussion uses an interview guide identifying topics to be explored (vs. a structured questionnaire) in order to probe and obtain in-depth understanding of attitudes, beliefs and behaviors. The discussion is generally unstructured. Conclusions drawn are tentative and may not necessarily be generalizable to the entire population (Geller, undated). Nevertheless, findings and conclusions provide valuable insights leading to a better understanding of the reasons behind attitudes, beliefs and behaviors of specific population groups.

In contrast, the use of quantitative methods allows researchers to break down the complexities of a subject matter into certain categories in ways that will permit counting and measurement (Patton, 1989).The purpose is to explain and predict knowledge and behaviors through collection of numerical data. Quantitative methods, such as sample surveys, answer the "whether or not" or "how many" questions. They gather data through random sampling of a large number of respondents in order to generalize results to a population with specific socio-demographic characteristics. Conclusions and generalizations are formulated at the end of the study, stated with a predetermined degree of statistical certainty (Geller, undated). Many large quantitative research studies use qualitative research to complement or provide insights to their findings, or inform the development of their conceptual framework and formulation of hypotheses.

B. Number of FGDs and Respondents

For this study, 62 respondents were recruited, all of them female. Three FGDs from each socio-economic class (Class AB or high income, Class C or middle income, and Class DE or low income), or a total of nine FGDs, were conducted in Metro Manila on June 10, 13 and 15, 2013. Three FGDs for each SEC grouping were undertaken to confirm or check the validity of the findings. Triangulation -- the conduct of at least three FGDs of respondents with similar socio-demographic characteristics -- is utilized in FGD research studies to determine consistency of findings and strengthen the validity of data obtained.

Each FGD group was composed of a mix of respondents aware and not aware of the Cheaper Medicines Act. All respondents were from various parts of Metro Manila. Metro Manila was selected since it is the single biggest market for any product or service in the Philippines.

The Philippines Marketing and Opinion Research Society (MORES) socio-economic classification (SEC) system of households was used to categorize respondents according to socio-economic class. MORES, in collaboration with the University of the Philippines School of Statistics and the Philippins National Statistic Office (NSO), has identified nine socio-economic cluster groups using the Philippines NSO 2009 Family Income Expenditure Survey database on expenditures.Through a statistical analysis of the expenditure data, each household was classified into a specific cluster group defined by a mix of economic classification variables which include: household head educational attainment, occupational status and work sector, number of household members employed, number of facilities owned (e.g., TV, airconditioner, washing machine, refrigerator), location of house, vehicle ownership, number of phones, living space assets (i.e., number of sala sets), main water source, house ownership and durability of the home

and home maintenance (type of roof and wall). These variables were assigned points and the household's total score on these variables determined the cluster to which the household belongs. The profile of each cluster showed that the lower their HH expenditures were, the lower their income was. (Interview with Luz Barra, Core Team Member, MORES 1SEC Working Committee).

Clusters 1-3: Low income class (Class DE); monthly income ranges from below PhP5,000 to PhP20,000
Clusters 4-7: Middle income class (Class C); monthly income ranges from PhP20,001 to PhP100,000
Clusters 8-9: High income class (Class AB); monthly income from P101,000 and up

C. FGD Process

Before the start of each FGD session, respondentswere interviewed individually using an FGD screening questionnaire to ensure that they have met the qualifications for the group session.

A skilled and experienced FGD facilitator conducted each FGD in Filipino using a discussion guide(*Annex1*). The discussion had the following general flow:

- respondents' health and wellness experiences, including the problems and challenges faced in connection with the treatment of various illnesses, and personal or family strategies used to address the costs of medicines
- observed changes concerning medicines within the past five years
- voluntary awareness on government laws or policies to help consumers afford medicines
- aided awareness on the Cheaper Medicines Act and its specific provisions
- experiences on and reactions to the Cheaper Medicines Act and effects on future purchase of medicines
- suggested list of medicines that still need to be covered by the Cheaper Medicines Act

Each FGD was tape recorded and transcribed. One research investigator also observed each FGD and took down notes of the discussion.

D. Analysis of Data from FGDs

Since this is a qualitative research, no statistical analysis and tests of data usually required by quantitative studies were made. Instead, content analysis of the data was done to record the range of responses that emerged from the FGDs, and gather insights on the context in which such responses were given. Findings were grouped according to the key data gathered. Similarities and differences in responses were drawn. Comparisons were made among the three socio-economic groups. Patterns or themes were unraveled to discover relationships and provide

explanations underlying attitudes, beliefs and practices. Findings were supported by verbatim quotes from the respondents.

The audio recordings of the FGDs were transcribed. The transcripts and notes of the facilitator and investigators formed the basis for the report.

E. Ethical Considerations in Data Collection

This qualitative research took steps to ensure that ethical guidelines governed data collection and reporting. Prior to the conduct of each FGD session, one of the researchers met with each respondent individually in a private area. During this interview, the researcher explained the purpose and use of the research, what was expected from the respondents (honest and open expression of ideas, beliefs, and experiences, no right or wrong opinions) and assured them that whatever they would express or disclose in the course of the group interview process will be kept strictly confidential. The researcher emphasized that neither the respondent's name and identity would be revealed in the FGD responses, nor in any documents or reports. The respondents were encouraged to ask questions which the researcher answered. Each respondent was provided with the contact information of the Philippine Institute of Development Studies (PIDS) in case they had further questions, and each were then asked to sign the consent form(*Annex 2*) after the researcher had read the form's contents aloud to them.

At the beginning of the FGD, the facilitator reiterated that the discussion would be kept private and confidential, and neither names nor identities would be revealed in any of the documents arising from the research.

F. Limitations of the Study

This qualitative research focuses on Metro Manila and does not take into account the imapct of the Cheaper Medicines Act among different segments of the rural population. There may be potential variations between urban and rural populations that could be subject of a further study. Since this is a qualitative study, findings are indicative of trends in knowledge, attitudes, beliefs and behaviors.

V. REVIEW OF RELATED LITERATURE

In the Philippines and elsewhere, there is a dearth of published or grey literature concerning the impact of policies or laws to reduce the cost of medicines on the population (or the "demand" side – vs. the "supply" side - of the Cheaper Medicines issue). The researchers undertook an electronic search of documents – published research studies, policy papers, news reports or articles. Electronic data bases searched were Google, WHO, WHO Philippines, World Bank, Department of Health Philippines using the following search terms: Cheaper Medicines Law, Generics Law, Generic Drugs, Impact of Cheaper Medicines, and Impact of Generics Law. The searches mainly revealed documentation on the "supply" or pharmaceutical side of the cheaper medicines or generic drugs issues like patent rulings, efficacy studies of generics, policies on generics, pricing mechanisms, availability in the market, affordability based on prices and wages

earned, and similar themes. There were very few which dealt with the subject matter of this qualitative research, including studies among consumers.

This section discusses themes that evolved from the review of relevant literature that were found on the impact of a law on cheaper medicines on the population.

Law on Cheaper Medicines and Reduction in the Price of Drugs and Health Care

Any law on cheaper medicines seems to reduce not only the price of drugs but of health care as a whole. In China, mandated reduction in the price of drugs has resulted in a decrease in the cost of overall care in health facilities. China instituted the National Essential Medicines Scheme (NEMS) in 2009 to improve access of the population and reduce the cost of essential medicines, particularly at the township and village levels. A 2012 study by Yang Li, Cui Ying et. al. which assessed the impact of NEMS in rural areas of three provinces, showed that patients (inpatients and outpatients) interviewed were generally satisfied with the NEMS and felt that the scheme had real benefits for them. Expenses for both outpatient and inpatient services showed significant declines from the pre-Scheme implementation period. These declines were largely the result of a decrease in the price of medicines which comprise a large proportion of health facility care costs (Yang Li et. al., 2012). Cost of medicines form a substantial part of direct payments in public and private health facilities in 39 countries, as evidenced by a study whose findings were cited by a WHO presentation during the Second Generic Medicine Summit in Manila from September 7-8, 2011 (Timmermans, 2011).

Non-affordability of Drugs despite Lowered Drug Prices

The United Nations Millennium Development Goal (MDG) Gap Task Force in its 2012 Report revealed that "the poor continue to face difficulties in obtaining or purchasing essential medicines because of scarce availability and high prices. Data from a number of national and subnational surveys implemented in developing countries indicate that their access to affordable (generic) essential medicines has improved only slightly. Average availability of selected essential medicines was 51.8 per cent in public sector health facilities and 68.5 per cent in the private sector over the period 2007-2011, up by a few percentage points on both counts from the previous measurement. Availability of essential (generic) medicines in the subsample for low- and lower-middle income countries was only 50.1 per cent in public sector health facilities and 67 per cent in private facilities. Although these findings are based on a limited number of country surveys, they are indicative enough to cause concern over deficiencies in affordable access to medicines in some middle-income countries, especially where large shares of the population live in poverty" (UN MDG Gap Task Force, 2012).

Laws that reduce the cost of drugs continue to be ineffective in making these drugs affordable to the poorer sections of society. Pakistan recognizes thatentitlement to essential medicines is a basic right of its citizens. Various laws – the Drug Act of 1976, National Medicines Policy of 1997, and Patent Ordinance of 2000 – were promulgated to ensure that Pakistani citizens have access to lower priced drugs. In 2012, a study on Access to Essential Medicines in Pakistan conducted by Zaidi et. al. found that despite measures to lower prices, affordability of drugs remains a concern mainly due to proliferation of originator brands and a wide range of price

variance. The study further found that even with low priced generics, the poor could not afford drugs for chronic illnesses which take up from 1.7 to 7.7 days of their wages (Zaidi et. al, 2012).

In the Philippines, the Health Action Information Network (HAIN) conducted a survey on medicine prices and availability in 2009, just a year after the implementation of the Cheaper Medicines Act. The survey covered 21 public and 27 private drug outlets in Luzon, Visayas and Mindanao. The findings revealed that medicines were not affordable to the low-income bracket. This study concluded that "prices in both public and private sectors were high compared to international reference prices for both generic medicines and originator brand medicines (and) public sector prices were generally lower than private sector prices but the availability of medicines in public facilities was poor." Additionally, "treatment with originator brands from private facilities are mostly unaffordable to low-income earners, as standard treatments with these require several days up to more than a week's wages. Generic medicines in private facilities may be unaffordable, too, requiring several days' wages to purchase the medicines" (HAIN, 2009).

In 2012, three years after the issuance of the Cheaper Medicines Act, a study undertaken by the Consumers' Action for Empowerment (CAE) covering patients who required long-term treatment or were taking at least a week's dosage of medication from seven government hospitals and four poor communities in Metro Manila, indicated that only 22 percent could afford the cost of their own medical expenses. The rest of the patient respondents reported relying on help from relatives, government, private or church organizations, or loans and mortgages. Almost all (99.8 percent) admitted that they did not have enough money for medication (CAE, 2012).

Picazo, in his review of the Cheaper Medicines Program, wrote that "even the cheapest generics in the Philippines are still sold at a high multiple of international reference prices. Thus, affordability of drugs remains a serious problem". He cited a WHO survey of patients in health facilities conducted in 2009 which revealed that "drugs remain prohibitive for the lowest-earning households" (Picazo, 2011). The HAIN 2009 survey of medicine prices and availability in the country showed that although generics are the main products sold in public facilities, these generic products were sold at more than three times the international reference prices (HAIN, 2009).

ABS-CBN's TV program "Krusada" presented an investigative report on the implementation of the Act in an episode in July 2012. The case studies selected revealed that patients who suffer from chronic long-term illnesses still cannot afford their medication, and they and their families have to sacrifice basic necessities like food, in order to buy their maintenance medication (Blanco, Krusada web post July 28, 2012).

Legislators who support the Cheaper Medicines Act continue to lament the situation of non-affordability of medicines. During a Senate inquiry on the status of implementation of the law in March 2012, Senator Manny Villar stated that "90 percent of the poorest of the poor cannot still afford to buy essential medicines like Norvasc." He observed that the law has not succeeded in bringing down the cost of drugs for poor Filipinos. Although the law has reduced the price of 22 basic medicines by at least 50 percent, prices need to be reduced further by up to 70 percent similar to other countries like Thailand and India. Senator Villar observed that the DOH has not

been able to present a comprehensive report on the status of the law's implementation although the health agency is responsible for its monitoring. He announced that he would propose to increase the coverage of the law from the current 27 medicines (Visayan Daily Star, March 9, 2012).

In February, 2013, former Representative Risa Hontiveros, author of the law in the House of Representatives, made a similar pronouncement. Acknowledging that the consumption of generic drugs has increased in recent years, she noted that the price of branded drugs, nevertheless, continued to remain high. She called on the DOH and the Department of Trade and Industry to closely monitor the implementation of the law and stated that it now needs to be reviewed (Pacpaco, Journal Online, February 22, 2013).

Drug Purchase and Consumption by Various Socio-Economic Groups

The market for medicines in the Philippines is very segmented. Rich households purchase drugs from private facilities (drugstores and hospitals) and mainly use originator brands and "branded" generics (generics with a brand name marketed by known pharmaceutical companies or their subsidiaries, sold at a higher cost and reputed to be of higher quality than other generics). The middleincome group has the same purchase patterns as the highincome group although a number of them also use public facilities. Low income Filipinos use mainly public facilities and tend to mainly consume generics (Ball and Tisocki, 2008 citing Kanavos, 2002).

The CAE study of patients from government hospitals and poor communities revealed that patients bought their medicines from the following sources: government hospital pharmacy - 30.99 percent, Botika ng Barangay -5.85 percent, Generics Pharmacy - 29.54 percent, Mercury Drug - 29.54 percent, other pharmacy - 3.90 percent, NGO-run pharmacy - 0.30%.. Patient respondents stated that they would go to the other latter sources only when the medicines were not available from the government hospital pharmacy (CAE, 2012).

The poor resort to actions to cope with non-affordability of drugs which cause concern. Since money is not sufficient for medicines, poor Filipinos do not complete the full drug regimen required. The same CAE study found that of the 2,033 medicines patients were prescribed for their various illnesses, only 45 percent of them were taken completely (full doses) while 55 percent were taken partially (CAE, 2012). Another coping pattern is to self-medicate in order to economize on health consultations. A WHO household survey of 2009 demonstrated that "over half of the medications taken in acute illness were self-prescribed or prescribed by a non-health professional" (Picazo, 2011).

Image of Generic Drugs among the Public

Generic drugs comprise a major component of any law to reduce the price of medicines. However, generic drugs suffer from a poor image among the population. The WHO presentation during the Generics Summit identified "lack of confidence in generic quality" and "insufficient awareness among prescribers and users" as common "pitfalls" of an effective generics policy

(Timmermans presentation, 2011). Picazo attributes "popular doubts about the bioequivalence of generics to more expensive originator brands or 'branded' generics" as a significant factor for the preference and continued dominance of branded medicines. He noted that these doubts are a result of the "inadequate assurance of quality of generics by the Food and Drug Administration" (Picazo, 2011).

VI. PROFILE OF RESPONDENTS

All the respondents were females, aged 30 to 60 years old,who are the key providers for the health care needs of the family. The age band of 30-60 years was set to ensure wide enough coverage of the target population and still enable respondents to interact well with each other during the FGDs.

Low income or Class DE respondents in this research have a median monthly household income of PHP10,000 (or an average monthly household income of PHP11,500) which ranges from a low of PHP5,000 to a high of one household with a monthly reported income of PHP24,000. They have bigger household compositions with extended families (average of six persons per household with a few having more than eight in the household) and live in interior crowded areas. They are between 40 to 50 years old. While a few reached or completed college, many of them reached but did not complete high school. Many respondents are not working. Household income is dependent on their spouses who mainly are engaged in unskilled or blue collar occupations.

Middle income or Class C respondents have a median monthly household income of PHP64,000 (or an average monthly household income of PHP73,000). Many come from smaller mainly nuclear familyhouseholds (average number of people is 4.4) and live in middle class or mixed income neighborhoods. Class C respondents' ages range from 30 to 40 years old. Many either reached or completed a college education or have a vocational school diploma. Their spouses hold white-collar or skilled jobs. Many respondents themselves engage in small-scale businesses like trading (buy and sell) or vehicle service rental, among others.

High income or Class AB respondents have a median household monthly income of PHP152,500 (or an average household monthly income of PHP180,000). They have an average household size of 5.4 comprising a mix of nuclear and extended families. They generally reside in residential subdivisions. Their ages range from 30 to 60 years. All respondents completed a college degree and their husbands either are engaged in business or hold white-collar jobs in supervisory or managerial positions. Respondents themselves either have office jobs or are engaged in their own business.

Each discussion group had respondents living in households with members who have and do not have the chronic illnesses covered by the Act. Respondents were not required to have bought medicines for chronic illnesses recently, i.e., in the past three months.

VII. FINDINGS

A. HEALTH KNOWLEDGE AND PRACTICES IN THE FAMILY

1. Use of Medicines during Illness

1.1. Self-Medication as First Course Treatment

Across SECs, the first course of action for illness is some form of self-medication or home remedy for convenience and to avoid unnecessary expense. This validates the WHO household Survey of 2009 cited by Picazo (Picazo, 2011) which found a high incidence of self-medication practice among Filipinos as a coping mechanism to economize on illness expenses.

Respondents (Rs) of this qualitative study, however, revealed that self-medication and home remedies are for ailments considered as common like fever, cough, colds, and stomach trouble.Non-medicinal home remedies vary between ABC and DE households.Class ABCRs report using food type home remedies like apple or banana for loose bowel movement. Class DE Rs report using herbal remedies.

"Herbal muna...Sambong, lalamasin ko 'yun sa asin na may gaas tapos ihihilot ko 'yun sa iyo; iikot kita sa kumot para labasan ka ng pawis…Dahon ng ampalaya…Bawang…Tanglad, banaba, asitaba, sambong…May tanim kami." ("Herbal first… Sambong, then I will mix this with salt with gas then massage this on you; I will turn you over the blanket so you will perspire… Ampalaya leaves… Garlic…Lemon grass, banaba, asitaba, sambong…we plant this.")(Group 1, DE)

Use of Medicines as First Course Treatment

Use of medicines for self-medication as first line therapy is higher among Class ABCs than Class DEs. Class ABC Rs are generally more confident than Class DE Rs to self-medicate due to experience and wider knowledge about medicines.

"Nakasanayan na...Puwede bumili ng gamot kahit walang reseta."("Already used to it…I can buy medicine even without prescription.")(Group 2, C)

"Yung mga doctor minsan nagagalit kasi simpleng ubo lang, nag-aalala ka na agad. (Sabi nila) Dapat kaya niyo na 'yan…Sa kanila na 'yung malala, sa amin na 'yung easy lang." ("The doctors sometimes get angry because for a simple cough, we get worried immediately. [They say] You should be able to handle that… they can handle the serious cases, we can manage the easy ones.")(Group 1, AB)

"Itatanong ko kung saan ang masakit or kung anong nakain last time. Tapos iinom siya ng gamot, kung ano 'yung nababagay sa sakit niya, 'yung Biogesic. Paano ko nalaman 'yung tungkol sa kung anong gamot ang ibibigay? TV commercials…At saka 'yung experience ko sa kaniya…'Yung reseta na nakukuha (sa pedia niya) at tinatandaan ko."("I ask where the pain is or what (the sick family member) ate the last time. Then, he/she will drink medicine, whatever is

appropriate for the illness, like Biogesic. How do I know what medicine to give? TV commercials… Also my experience with him/her… The prescription I get from his/her pediatrician I keep this in mind.)(Group 3, AB)

1.2. Medicines Taken for First Course Treatment

1.2.1. Paracetamol

Respondents across all SECs cite paracetamol as often used for self-medication.

"Paracetamol, hindi talaga ako nawawalan." ("Paracetamol, I don't really run out of this.")(Group 3, C)

1.3.2. Antibiotics

Respondents report that they do not normally administer antibiotics. They say that antibiotics are strong medicines whose dosage needs to be calibrated by a doctor based on illness.

"Bakit 'yung antibiotics hindi natin basta-basta ibinibigay? Matapang daw 'yung dosage niya compared sa katulad ng mga paracetamol…Kasi mahirap; iba kasi 'yung antibiotic. Kung malala na, iba 'yung antibiotics na ibibigay mo. So hindi mo malaman na baka madagdagan 'yung sakit niya."("Why don't we give antibiotics just like that? They say that it has a strong dosage compared to paracetamol… It's difficult because antibiotic is different. If the illness becomes serious, you give a different antibiotic. You really wouldn't know if the illness will worsen.")(Group 3, AB)

1.3. When Respondents Seek Care from Health System

Typically, Rs generallyobserve a "one-to-three-day rule" for self-medication and home remedies to take effect before deciding to consult a health professional. Experience tells them that it takes one to three days for any intervention or medication to produce results for an illness. According to respondents, some doctors advise them to medicate for three days before consulting them, in case symptoms do not disappear.

"Katulad nung nilalagnat 'yung isang tao, di ba dapat (after) one to two days nilalagnat ang tao, dapat mag-isip ka na kung hindi nawawala 'yung lagnat niya."("Like when a person gets a fever, isn't it that once the person continues to have fever from one to two days, you already have to wonder why the person is not getting better.")(Group 2, DE)

"Gaano katagal ko inoobserbahan? Three days. Mayroon binibigay na medicine para lagnat, paracetamol. Pero hindi lalampas ng tatlong araw 'yun; iba na 'yun."("How long do I observe? Three days. There's medicine given for fever, paracetamol. But this should not exceed three days, then it should be something else.")(Group 3, C)

"Kasi may timeline ako; pag two days na siya na ganoon pa din, walang pagbabago, that's the time na magko-consult na ako sa doctor."("It's because I have a timeline; if two days [the sick

family member] still doesn't get well, there is no change in condition, that's the time I consut a doctor.")(Group 1, AB)

1.4. Where Respondents Seek Treatment – Private or Public Facilities

When self-medication and home remedies fail, Class ABC Rs mention going to private doctors and hospitals while Class DE Rs say that they seek care from government health centers. This finding is similar to that cited by Ball and Tisocki in their 2008 study (Ball and Tisocki citing Kanavos 2002).

1.4.1. Reasons for Accessing Health Centers – Class DE

For Class DE Rs, health centers have three advantages:

a. Little or no financial cost to patient

"Walang bayad…Donation lang. Kahit magkano lang."("No charge… Donation only. Whatever amount you can give.")(Group 1, DE)

b. Free dispensing of needed medicines or starter doses

"Minsan kapag may gamot sila, may free." ("Sometimes if they have medicine, there are those that are given free.")(Group 1, DE)

c. Proximity to home/convenient location

"Kasi malapit lang."("It is because it is near.") (Group 3, DE)

1.4.2. Reasons for <u>Not</u> Accessing Health Centers – Class ABC

Class ABC Rs say they do <u>not</u> consult government health centers because of:

a. Lack of comfort

"Ang hirap naman kasi kapag pumila ka…You have to go there before mag-8 para lang magpalista." ("It is hard because if you have to queue… you have to go there before 8:00am to register.") (Group 1, C)

"Naka-experience na kasi sa family namin. Wala 'yung family doctor namin kaya tinakbo namin sa health center. Waiting. Tapos iba 'yung treatment nila, hindi katulad sa private na feel mo special ka. Kung mag-aantay ka, mag-aantay ka doon ka sa arawan. Tapos 'yung nurse na 'yung doctor." ("We already experienced this in our family. Our family doctor was not available

so we rushed [the sick family member] to the health center. Waiting. Then, their treatment was different, unlike in private health facility where you feel special. If you have to wait, you will wait there for days. Then the nurse is also the doctor.") (Group 3, AB)

b. Risk of infection when in health center

"Baka mamaya, ang anak mo papatingin mo sa singaw (lang) tapos may makikita ka may TB pa yata doon (health center)." ("For all you know, you will seek treatment for your child for a simple mouth sore then you will encounter persons with TB I think in the health center.") (Group 1, C)

"Kasi crowded…Maraming tao doon at mahaba pila…Bakit ipipila mo pa kung mayroon ka naman (sariling doctor)…Oo, magkakahawa-hawa 'yung sakit." ("Because it is crowded…There are a lot of people there and the line is long…Why do you have to queue if you have your own doctor… Yes, there can be infection from various illnesses.") (Group 3, C)

c. Perceived lower competence level of medical staff compared to private practitioners

"Sorry for the word, ha, kasi parang bara-bara (ang service)." ("Sorry for the word it is because the service is done haphazardly.") (Group 3, AB)

"Mas reliable…Parang mas magaling sila (private doctors)." ("More reliable… Private doctors appear to be better.")(Group 2, AB)

Nonetheless, a few AB respondents claim that they are practical and are open to going to health centers for some basic medical services like immunization.

"Maging practical." ("To be practical.") (Group 2, AB)

"Hindi lang mas mura (sa health center), sayang 'yung benepisyo. We paid for that (taxes). Basta immunization, puwede na sa health center…Saka ang gamot doon, libre…'Yung mga vaccination…Pero pagdating sa booster shots, 'yung iba nagpupunta na sa private kasi wala na sa health center." ("It is not only cheap in the health center, the benefits will be wasted. We paid for that (taxes). As long as it is immunization, the health center can do… And the medicines there are free… the vaccination.. But when it comes to booster shots, others go to private facilities because there are none in the health center.") (Group 2, AB)

1.5. Advice from Traditional Healers and Friends or Relatives

Class DE Rs say that they occasionally go to friends or relatives and traditional "hilots" in case of illness in their families.

"Minsan kapag may pilay, sa manghihilot. Sa kapitbahay lang…Kuma-kumare… Kaibigan." ("Sometimes, if there is a sprain, to the traditional birth attendant … neighbor… friends.") (Group 1, DE)

"Sino pa nakapagbibigay ng advice? Magulang…Minsan kapitbahay…'Yung nakakatanda." ("Who else gives advice? Parents…Sometimes neighbors… elders.")(Group 2, DE)

2. Health Insurance Coverage

Across SECs, respondents report having some type of health coverage.

- About half of the Class DE Rs report that they are Philhealth members through the government's 4Ps Program (Pantawid Pamilyang Pilipino Program). Access to other sources of financial assistance for illnesses is rare.

- Many Class C Rs claim they have Philhealth coverage and a few report having coverage by health insurance or maintenance organizations (HMOs)

- Class AB Rs say they are HMO members either from the companies they work with or through voluntary membership aside from their having Philhealth coverage**.**

3. Knowledgeand Use of Medicines

3.1. Source of Information on Medicines

The three key sources of awareness and information on medicines are:

a. attending doctors at the health facility consulted by respondents
b. advertising in mass media (mainly TV, then radio and newspapers)
c. word-of-mouth (parents/elders, neighbors) especially about herbals among Class DE respondents

3.2. Information Seeking regarding Medicines

Based on their responses, information seeking by respondents regarding medicines prescribed to them or their families vary among SECs.

Class DE Rs who normally consult at government facilities appear to be passive and receive minimal information from the doctors, typically just the medicine's generic name and where to purchase it.

"May reseta ng gamot. Tapos tatanungin ko (ang botika) kung para saan 'yun at saka kung magkano." ("I have a prescribed drug. Then I ask the drugstore for which indication the drug is and how much.") (Group 1, DE)

Class C Rs study the doctor's prescription more thoroughly, in the process gaining information on dosage and brand. Their (mainly private) doctors also explain to them what the medicines are for.

"Reseta ng doctor… Pangalan ng gamot…Kung ilang times niyo iinumin in a day, tapos ilan 'yung bibilhin, saka 'yung brand and milligrams...Ini-explain niya kung para saan 'yung medicine." ("Doctor's prescription…Name of medicine..How many times you have to drink in a day, then how many you have to buy, and also the brand and milligrams… [The doctor] explains what the medicine is for.")(Group 2, C)

Class AB Rs are more proactive and engage their doctors in lengthier discussions regarding medicines. This could be due to their higher educational attainment (all have a college degree) and occupation (all have office jobs or their own business).

"Ako magtatanong ako sa doctor kung ano 'yung puwede sa ganitong gamot diyan." ("I will ask the doctor for what the medicine can be used.") (Group 2, AB)

3.3. Perception of Medicine's Efficacy

Regardless of SEC, respondents have only one measure to determine a medicine's effectiveness – the length of time it takes for a medicine to deliver a cure or relieve symptoms. This perception was expressed when respondents were asked to compare efficacy of branded vs. generic medicines.

3.4.Awareness of Maintenance Medications

Respondents across all SECs are aware that maintenance medicines are for long-term.

"Basta sabi inumin lang daw. Pang lifetime na." ("They say just drink it. It's for lifetime [treatment)]."") (Group 1, DE)

"Pang habang buhay na gamutan…Everyday na iinumin mo pero depende rin, kasi minsan pag nag-ano na 'yung sakit mo, binabawasan 'yung milligrams…Para hindi na siguro matuloy (ang sakit)…Ma-control 'yung pagtaas ng cholesterol…Dumudugtong sa buhay." ("For lifetime treatment… You will drink it everyday but it all depends, because when your condition gets better, the dosage [milligrams] is reduced… Maybe so the illness will not persist.. The increase in cholesterol level is controlled… life is extended.")(Group 2, C)

"Para 'yung sakit nila hindi na maulit…Parang lifetime na niya iinumin." ("So their illness does not recur… So they can drink it for a lifetime.") (Group 3, C)

"Lifetime meds na…para ma-balance (ang blood sugar sa diabetes)…Hindi nawawala…parang daily routine mo na siya iinumin." ("Lifetime medicines already… to balance the blood sugar with diabetes.. It doesn't get healed.. it's like daily routine when you drink it.") (Group 1, AB)

"Pinakalagi niyang iinumin for life. 'Yung sa high blood." ("The patient will drink it for life. The one for high blood.") (Group 3, AB)

3.5. Source of Medicine Supply

Source of medicine supply differs among SECs.

Class DE Rs report that they obtain free medicines from health centers or buy them from generics drugstores specified by the doctors in government facilities. This confirms the CAE study that poor patients source their medicine needs from government health centers and generic pharmacies (CAE, 2012).

"(Health center) Minsan kapag may gamot sila, may free…Kunwari mayroong reseta, tinuturo ako ni Dr. Galicia na sa Generic daw ako bumili. Botika ng mga murang gamot." ("Sometimes if [the health center] has medicines, they give them for free… If I have a prescription, Dr. Galicia recommends I buy in Generic. Drugstore for cheap medicines.") (Group 1, DE)

Class C Rs say they buy medicines from drugstores selling both generics and branded medicines.

"Mercury…The Generics Pharmacy, kasi mas mura doon…Generika." ("Mercury… The Generics Pharmacy, it's cheap there… Generika.") (Group 2, C)

Class AB respondents buy medicines from drugstores selling branded medicines.

"Mercury…'Yun ang pinakasikat talaga…South Star." ("Mercury… that's the most popular… South Star.")(Group 1, AB)

The above findings provide further evidence to the study cited by Ball and Tisocki which showed that rich households purchase branded drugs from private facilities, the middle income group usually has the same purchase patterns as the highincome group with some buying generics, and the low income group use mainly public facilities and mainly take generics (Ball and Tisocki, 2008 citing Kanavos, 2002).

4. Financial Challenges of Medical Expenses

4.1. Reported Expenses for Medicines

In an attempt to estimate expenses for medicines and gauge affordability, this research loosely estimated the number of days' wages which respondents report spending for medicines per month, using the WHO index of affordability defined "as more than one day's income by the lowest paid government worker for one month's standard treatment or for one episode of acute illness" (cited in Zaidi et al, 2012). This estimate, however, did not account for presence of chronic illnesses in respondents' families.

Findings from this research demonstrate that monthly reported expense for medicines varies widely across socio-economic groups, depending on whether a) the household has access to free supplies, b) maintenance medication is needed, and c) branded or generic medicines are taken.

Class DE

Class DE Rs, with a median monthly household income[1] of Php10,000, have great difficulty estimating their monthly medicine expenses since they obtain free medicines from health centers and/or spend for medicines (mainly generics) as money becomes available.

"Hindi kasama sa budget…Nagtatabi lang halimbawa mayroon nagkasakit…Ako, libre sa center." ("Not included in the budget… Just set aside [some funds] in case someone gets sick… I get mine for free at the center.") (Group 1, DE)

"Yung kaya ng pera namin… Linggohan ang sahod…Hindi na bibili…Minsan kasi wala nang pera." ("Whatever our money can buy… Salary is weekly… We don't buy… Sometimes we don't have money anymore.") (Group 2, DE)

Class C

Class C Rs, with a median monthly household income of Php64,000 say that they spend between Php500-5,000 per month (two respondents have atypical expenditures of Php3,000 week per week and Php10,000/month). Assuming that the household earns Php2,462 per day (based on a 26-day work month) and using the mid-point reported medicine expense of Php2,750, Class C respondents' medicine costs amount to 1.12 days of work per month.

Class AB

Class AB Rs, with a median monthly household income of Php152,500, spend Php1,000-8,000 per month, since they are predominantly branded medicine users. Assuming that the household earns Php5,865 per day (based on a 26-day work month) and using the mid-point reported expense for medicines of Php4,000, Class AB respondents' medicine costs constitute 0.68 days of work per month.

Respondents from Class ABC state that their monthly budget includes vitamins and that they stock up on basic medicines such as paracetamol and pain relievers.

"Paracetamol, hindi talaga ako nawawalan." ("Paracetamol, I don't run out of stock.") (Group 3, C)

"Kasama (sa budget) 'yung Vitamin C." ("Vitamin C is included in the budget.")(Group 2, AB)

[1]The median is used in the comparative analysis since median as a measure of central tendency for household income is not affected by data outliers compared to the average (or mean). This is also the measure recognized by MORES when profiling socio-economic classes on the household income variable.

4.2. Budgeting for Medicines

Setting aside money for medicines is not often done by Class DE Rs who report buying medicines as the need arises and in quantities good for just two days or a week at most, each time.

"Minsan isang piraso araw-araw na lang bibilhin kasi minsan wala ka rin."("Sometimes we just buy one piece everyday because we don't have money.") (Group 1, DE)

"For five days lang ang bibilhin; pag may sobrang pera, doon mo lang mabibili 'yung kakulangan for 10 days…Madalas nangyayari 'yun…(Pagitan bago masundan ang pagbili) two to three days…minsan isang linggo… ("We buy good for five days; if we have extra money, that's the time we buy the rest of the medicines to complete the 10 days… That happens frequently… The gap between purchases is two or three days… sometimes one week..") (Group 2, DE)

"Mas madalas tingi-tingi. Bilang lang 'yung iinumin mo kunwari sa hapon at good for three days…Tapos sa susunod, bilang naman on the other day." ("Usually individual pieces. Just count for example what you need to take in the afternoon and what is good for the whole three days…Then next, count again for the other day.") (Group 3, DE)

4.3. Maintenance Medication among Class DE

Class DE Rs say that they prioritize spending for maintenance medicines because they are usually not given out for free at health centers.

"Kasi kung may mga edad na, kailangan na mag-maintenance pero kung bata-bata pa, kahit kailan ka puwede uminom…Binibigyan ng priority 'yung maintenance medicine ng matatanda. Oo, kasi sila ang mas may kailangan." ("Because once a person gets old, maintenance medicines are needed but if you are younger, you can drink medicines anytime.. Elder people give priority to maintenance medicine. Yes, because they are the ones who need it more.") (Group 3, DE)

4.4. Perceived Financial Burden of Expenses for Medicines

Respondents across SECs admit that their expenditures for medicines are "heavy" for their financial resources. For Class AB respondents, however, these expenses become burdensome only when they also need to spend on seasonal heavy expenses like school tuition.

"Kinakaya ang budget." ("We try to fit in the budget.") (Group 1, C)

"Let's say tuition time, May or April then nagsasabay pa 'yung ganyan, medyo mabigat pero if na-settle mo na 'yung tuition or kung ano, medyo at least kahit papaano (naa-afford)." ("Let's say it's tuition time, May or April then at the same time medicines are needed, a bit heavy but if

you are able to settle the tuition at least one way or another we are able to afford.") (Group 2, AB)

4.5. Coping Mechanisms to Afford Medicines

Class AB and C

Class AB and some C respondents have many options for coping with medicine expenses so they can remain with their preferred branded medicines and continue with their prescribed regimen. Among these options are:

- Switch to generics

  "'Yun 'yung time na pumapasok 'yung generics…Pero tinatanong ko muna sa doctor ko." (That is the time that generics entered the market… But I ask my doctor first.") (Group 1, AB)

- Use discount cards available from their private doctors

  "Promo…Sa high blood, meron silang card na 50%." ("Promo… for high blood, they have 50% discount card.") (Group 2, C)

- Use consumer reward points from drugstore loyalty cards

  "'Yung mga discount sa mga drugstores. Discount cards, Mercury discount card, Suki card." ("The discount in drugstores. Discount cards, Mercury discount card. Loyalty card.") (Group 3, AB)

- Search for drugstores with the lowest prices

  "Search for the cheapest ones." (Group 3, AB)

- Economize on frills and luxuries

  "Huwag ka na masyadong magarbo sa damit at sapatos; medyo tipirin."("Don't be too excessive in clothes and shoes; be more frugal.")(Group 2, AB)

Some Class C respondents report that they sometimes initially buy just half of the required dose or regimen to manage their finances while ensuring continued, uninterrupted medicating. Unique to Class C is alternating between the branded and the generic medicines on a daily basis to reduce cost.

"Alternate mo siya (branded) sa generic…Pag medyo kapos ka, generic." ("You alternate branded with generic… if short of budget, generic.") (Group 2, C)

Class DE

Class DE Rs disclose the following measures to cope with medicine expenses.

- They buy medicines in small volumes or individual pieces ("tingi") good for just one or two days or so.

"Minsan isang piraso araw-araw na lang bibilhin kasi minsan wala ka rin…Hati-hati…Piraso-piraso…Makainom lang." ("Sometimes we buy just one piece daily because we don't have money… Divide it… Piece by piece.. Just to be able to drink.") (Group 1, DE)

- For required daily regimens, they allow interruptions or temporarily stop taking medicines from two to seven days.

"Madalas nangyayari 'yun…(Pagitan bago masundan ang pagbili) 2-3 days…minsan isang linggo… ("This often happens… Gap before purchasing again is 2 to 3 days… sometimes one week…") (Group 2, DE)

- They may even altogether stop taking the medication.

"Kasi minsan naka two days or three days ka na, parang walang pagbabago kaya ayaw mo na uminom kasi sayang 'yung gamot." ("Because sometimes two or three days have passed there seems to be no improvement so you just don't want to take medication because it will just be a waste of medication.") (Group 3, DE)

The above findings on Class DE coping actions lend further credence to the CAE study which revealed that among medications prescribed for poor patients for various illnesses, only 45% of them were taken in full doses while 55% were taken in partial doses only (CAE, 2012).

Some Class DE Rs also stated that they take advantage of medical missions where medicines are given out for free.

"Pag may medical mission. Kagaya sa amin minsan mga taga center (merong medical mission). Kagaya nitong nagkaroon ng election, 'yung sa mga kandidato." ("If there is medical mission. Like in our area sometimes the center has medical mission. Like during the recent election, sponsored by the political candidates.") (Group 2, DE)

4.6. Justification Given for Temporarily Interrupting or Completely Stopping Medication

Among Class DE Rs, temporarily interrupting the regimen or altogether stopping medications, especially maintenance medicines, is justified by claims that the patient feels well enough from just a few days of medication and can, thus, safely stop taking it.

"Kapag maganda na 'yung pakiramdam, tigil muna tapos pag nakaramdam ulit, inom na naman." ("If the patient feels well, stop the medication, if the patient feels not well again, resume the medication.") (Group 1, DE)

"Pag naramdaman mo na okay ka na, medyo lie low pag walang pambili; kapag may pambili naman, bibili." ("If you feel well, somewhat lie low in the purchase of medicines; then purchase once there's money.") (Group 3, DE)

Some DE respondents say that they compensate for discontinued medication by using herbal concoctions and resorting to lifestyle adjustments.

"Herbal…mga prutas, gulay saka hindi ka na lang kakain ng bawal…Exercise." ("Herbal… fruits, vegetables and you avoid eating those restricted.. Exercise.") (Group 1, DE)

"Dahon-dahon…Pito-pito." ("Herbal leaves… pito-pito") (Group 2, DE)

B.CHANGES PERCEIVED REGARDING MEDICINES IN THE PAST FIVE YEARS

1. Changes Observed regarding Medicines in the Past Five Years

According to respondents from all SECs, the most noticeable change concerning medicines which occurred in the past five years is the increasing availability and use of generics, accompanied by the widening network of pharmacies dedicated to selling this class of medicines.

"Ngayon lang lumabas 'yung generic." ("Generics just came out now.")(Group 2, DE)

"Marami nang botika; iba-iba ang pangalan." ("There are a lot of drugstores with different names.") (Group 1, DE)

"Mas madaming lumalabas na generic." ("There are a lot of generic that are coming out.") (Group 2, C)

"Sa observation ko, they're pushing for the generics nowadays, parang laganap na 'yung information sa generics." ("Based on my observation, they're pushing for generics nowadays, information on generics seems to be prevalent.")(Group 2, AB)

"Sobrang daming choices; nahihilo na ako. Sobrang aggressive ng generics sa market. Sobrang dami ng generic stores; susulpot ang Mercury dito, maya-maya meron na diyan sa gilid…Generika…parang sari-sari stores." ("There are too many choices; I get confused. Generics is too aggressive in the market. There are too many generic stores; Mercury comes out her, then there is one that appears in the corner… Generika… like small retail outlets.") (Group 3, AB)

They also cite the following market changes:

- the increasing number of new medicines for more types of illnesses
- the entry of herbal and natural/organic supplements
- the entry of "combination" medicines, e.g., multiple vitamins combined with other health enhancing medicines in one formulation

2. Effect of Observed Changes on Respondents

Those developments have resulted in some positive behavioral changes among Rs most of which can be attributed to the entry of generics:

- Class AB Rs have become more deliberate and better informed in their choices, given the available options for medicines in the market.

"Ako naging practical na kasi before, I won't mind pag expensive but now, you have to think what to spend." ("I have become practical. Before, I won't mind if it's expensive but now, you have to think what to spend.") (Group 2, AB)

"Search for the cheapest ones…May choices ka na kasi kapag, 'Ay! Mahal dito; sa kabila, dito na lang sa generics. Ma-try nga ang quality.'" ("Search for the cheaper ones… You already have choices: 'Oh! It's expensive here; better on the other side, here in generics. Try the quality'") (Group 3, AB)

- Some Class C Rs have shifted from branded to generic medicines after clearing with their private doctors.

"Nag-switch from branded sa generic…Actually, sila (doctors) rin naman 'yung nagbigay na 'I-try mo sa Generic (Pharmacy)'…Sila ang nagsasabi; pati presyo minsan sinasabi ng mga doctors para may options ka." ("Switched from branded to generic… Actually, they [doctors] are the ones who said 'You try Generic Pharmacy'… They are the ones that advise; sometimes the doctor mentions the price so you have options.') (Group 1, C)

- Class DE Rs are now able to buy medicines because of the low-priced generics. Some state that they can now buy the full prescription instead of just partial or shortened regimens.

"Nakakatipid…Kaya nang bumili." ("Economical… Can afford to buy.') (Group 2, DE)

"Kahit ilang piraso (kaya nang bilhin). Samantalang noong wala pang generic, hindi mo kayang makumpleto 'yung bilin ng doctor." ("Can afford to buy a few pieces. While before without generics, you cannot complete doctor's prescription.")(Group 2, DE)

"Pag 'yung branded, kalahati lang 'yung nabibili ko; pag generics, lahat nabibili ko…Kaya nakakapagtipid…Meron ka pang natitirang pera." ("If it is branded, I can only buy half; if generics, I can buy all… So it is economical… You still have money left.") (Group 3, DE)

C.KNOWLEDGE, ATTITUDES AND PRACTICES (KAP) REGARDING MEDICINES

1. Awareness of Laws Regarding Medicines

Rs spontaneously cite the following laws regarding medicines:

- The Generics Act which is top-of-mind among the respondents

"May alam na batas? Wala; 'yung Generic lang po." ("Do I know any law? None; just Generic only.")(Group 1, DE)

"The Generics Acts Law." (Group 2, AB)

- Law mandating that all drugs get approval from the Bureau of Food and Drug (BFAD)

"Alam na batas? Meron,'yung dumaan (ang gamot) sa BFAD…Alam dapat ng DOH." ("Know of a law? Yes, the one that mandates that all drugs pass through BFAD… DOH should know.") (Group 2, DE)

- Law prohibiting the sale of certain drugs (cough syrups, antibiotics) without a doctor's prescription.

"(Law for) Prescriptions; you can't just buy over the counter…especially 'yung cough syrups na medyo ano…'yung mga antibiotics." ("Law for prescriptions; you can't just buy over the counter… especially the cough syrups that are… the antibiotics")(Group 2, AB)

- A few Rs from all SECs spontaneously mention the Cheaper Medicines Law.

"Cheaper's Act…There was a year na bombarded talaga 'yung news about it. Meron mga nag-aaway dahil doon…Access to cheaper medicines. Hindi ko alam 'yung detalye." ("Cheaper's Act… There was a year we were bombarded with news about it. There are those who quarrel because of this… Access to cheaper medicines. I don't know the details.") (Group 3, AB)

"Mayroon ba akong alam na mga batas dito sa ating bansa tungkol sa pag-regulate ng mga presyo ng medicine? Cheaper Medicine." ("Do I know of any law in our country that regulates the prices of medicine? Cheaper Medicine.") (Group 2, C)

"Mayroon ba akong alam na mga batas dito sa ating bansa tungkol sa pagpe-presyo ng mga gamot? 'Yung sa medicine cheaper act (sic)...Nakalagay 'yan sa mga drugstore na babala...Nakalagay act lower price (sic)." ("Do I know of laws in our country regarding the pricing of medicines? The Medicine Cheaper Act…. Those are placed in the drugstores as warning… What is written is act lower price.") (Group 3, DE)

2. KAP Regarding Generic Medicines

2.1.Knowledge of Generic Medicines

Generic medicines are widely known among Rs across SECs. They understand generics as a class of medicines whose chemical or molecular composition is the active ingredient required to treat a particular illness. Generally, Rs know that not all branded medicines have a generic medicine counterpart in the market. Class DE Rs feel that available generics sufficiently meet their medicinal needs

"Yun na mismo 'yung gamot…Active ingredient." ("That in itself is the medicine… Active ingredient.")(Group 1, AB)

"Wala silang pangalan." ("They don't have a (brand) name.")(Group 1, AB)

"Lahat ba na mga gamot na kailangan ko ay mayroong generic? Alam ko meron…'Yung iba, wala. Pero nahihirapan ka maghanap kasi kapag crisis na, 'yung iba wala sa generic…Minsan mapupunta ka sa branded." ("All of the medicines I need have generic? I know there are.. Others don't… But you have a hard time looking because once crisis arises, others don't have generic.. Sometimes you have to resort to branded.") (Group 3, DE)

2.2. Source of Awareness/Knowledge about Generic Medicines

Class DE – Government Physicians

Government doctors, especially those in health centers, are the principal sources of information among Class DE Rs who say that these doctors promote/advocate the use of generics by writing down just the generic name of medicines in prescriptions and informing patients about pharmacies that sell them.

"Sa advertise at saka kapag nagreseta 'yung doctor (sa health center), sinasabi din nila na punta ka sa Generic (Pharmacy)." ("From advertisement and also if the doctor prescribes in the health center, they also tell us to go to Generic (Pharmacy).") (Group 3, DE)

Class ABC – Mass Media and Friends or Relative

Among Class ABC Rs, initial source of awareness of generics appears to be mass media advertising and to some extent word-of-mouth (friends/relatives).

"Si Vilma Santos nag-advertise. Napanood ko kasi." ("Vilma Santos was advertising. I watched it.") (Group 1, C)

"(Ads nila) Vilma Santos…Susan Roces…Mel Tiangco." ("Ads of Vilma Santos… Susan Roces… Mel Tiangco.") (Group 1, AB)

"Yung mother ko sa generic siya bumibili."("My mother buys from generic.")(Group 1, AB)

Private doctors merely *addto* or *expand* the prior knowledge that ABC Rs alreadyhave about generics.

"Tayo na nga mismo ang nagsasabi kung puwede ba sa generic; minsan binibiro tayo ng doctor,'Kayo po. Bahala kayo.'" ("We ourselvses ask the doctor if we can take generic; sometimes our doctor teases us. 'It's up to you.'") (Group 3, C)

"Kasi sa private (practice) sila, saka nagsusulat lang sila ng ano sa akin at hindi nila sinasabi na sa generic o ganoon…Mayroon din ibang doctor na nagsasabi na bakit hindi mo subukan sa generic." ("Because they are in private practice, and they just write on the prescription, and don't mention about generic… There are also other doctors who say why don't you try generic.") (Group 3, C)

"Minsan naman sa doctor o kaya sa pedia. You ask your doctor." ("Sometimes from the doctor or the pediatrician.") (Group 3, AB)

All SECs – Generic Pharmacies

Among Rs from all SECs, their awareness of drugstores dedicated to selling generic drugs also has contributed to their awareness of this class of medicines.

"Kanino ako nagtanong? Doon sa generic na store." ("From whom do I ask? There in the generic store.") (Group 2, DE)

"Generic Pharmacy…Generika…Botika ng Bayan…RiteMed." (Group 1, C)

2.3.Role of Public and Private Doctors in Promoting Generic Medicines

The role played by doctors in Rs' adoption of generic drugs differs much according to whether the doctors are in government health facilities or in private practice.

Role of Doctors in Public Facilities

It seems that doctors in government facilities do prescribe and promote generics. Consistently, Class DE Rs report that doctors in government health facilities introduce them to generics, citing the medicines' price advantage and providing assurance on their efficacy.

"Kunwari mayroon akong reseta, tinuturo ako ni Dr. Galicia na sa Generic (Pharmacy) ako bumili.." ("If I have a prescription, Dr Galicia recommends me to buy at Generic [Pharmacy]") (Group 1, DE)

"Kapag sinabi ng doctor ko na sa Generic ako bumili, doon na ako bibili. Kasi iisa lang naman daw ang epekto noon." ("If my doctor says I buy at Generic, I buy there. After all, (my doctor) says it will have the same effect [as branded].") (Group 1,DE)

This finding implies that medical practitioners in government facilities in Metro Manila tend to comply with the Act's provision that "government health agencies and their personnel …shall use generic terminology or generic names in all transactions related to purchasing, prescribing, dispensing and administering of drugs and medicines" (Republic Act no. 9502, Section 38).

Role of Private Doctors

It appears that private doctors do not uniformly prescribe nor promote generics. Class ABC Rs report that their private doctors prescribe generics selectively (if at all) or prescribe them with caveats on the medicines' effectiveness, and often only when they (Rs) inquire about generics as alternatives to branded prescriptions.

"Tinanong ko 'yan sa doctor; sabi niya mas maganda nga (generic) kasi cheaper…Depende siguro sa sakit…Sabi (ng ibang doctor) low quality 'yan." ("I asked that from the doctor, the doctor says generic is better because it is cheaper… Maybe it really depends on the illness… Other doctors say that it is of low quality…") (Group 2, C)

"Paano ko nadiskubre na mayroong generic? Doctor rin…Kasi minsan magtatanong kayo, 'Doctor, mayroon po bang mas mura?'"("How did I discover there is generic? Also from the doctor… Because sometimes you will ask, 'Doctor, is there any [medicine] that is cheaper?'") (Group 2, C)

"Hindi sinasabi ng doctor na puwedeng i-substitute ang generic for the ano... Mayroon din ibang doctor na nagsasabi na bakit hindi mo subukan sa generic…Pero may mga reason sila, sasabihin bakit hindi kaagad na gagaling 'yan, bahala kayo, parang may mga 'buts' pa rin…Kaya kalimitan, branded pa rin." ("The doctor does not say that generic can be substituted for branded… There are other doctors who say why don't you try generic… They have their reasons, they say why the patient doesn't get well immediately, it's up to you, as though there are still "buts"… So oftentimes I go for branded…") (Group 3, C)

Some Class AB Rs express suspicion that private doctors' resistance to prescribing generics may be due to self-interest.

"Kasi mayroong doctors na they promote the medicines and nakakakuha sila ng commission out of it…Giveaways. They (doctors) give free samples." ("Because there are doctors that promote the medicines and they get a commission out of it…Giveaways. They (doctors) get free samples.') (Group 2, AB)

2.4.Role of Drugstores in Promoting Generic Medicines

According to Rs, information on generic medicines in pharmacies carrying both branded and generic drugs is not uniformly carried out.Some voluntarily inform them about the availability of generics in their outlet, some wait for Rs to inquire, or some offer generics only when the branded prescription is out of stock.

"Mayroon (botika) na halo—may generic, may branded kaya tinatanong. Mismong sila rin nagtatanong (sa akin) kung generic o branded…kasi magkaiba ng presyo." ("There are drugstores that carry both – they have generic, they have branded that is why they ask. They themselves ask me if [I wanted] generic or branded… because they differ in price.") (Group 1, DE)

"Sa Mercury mag-aalok sila ng generic kung hindi available." ("At Mercury, they offer generic if the branded medicine is not available.") (Group 1, C)

"Tinatanong ko sa Mercury kung ano 'yung generics nito pero hindi kasi nila ibibigay eh. 'Yung ibibigay nila 'yung pinakamahal pero ako 'yung nagtatanong." ("I ask Mercury what is the generic name of this medicine but they do not tell me. What they give is the most expensive generic brand but I am the one who asks.") (Group 3, AB)

2.5. Perceived Benefits of and Attitudes Towards Generic Medicines

Low Price as Main Benefit

Rs across all SECs cite their significantly lower price over branded medicines as the key benefit of generics. This perceived benefit is more often expressed by Class DE Rs.

"Kasi naman pag branded, pag kakapusin ang pera mo, hindi ka makakabili kaya mas ano ka sa generic; sa generic, may sobra pa sa pera mo." ("Because if it is branded, your money will not be enough, you will not be able to buy so you go for generic; with generic, you will have extra money.") (Group 2, DE)

"Mas mura…malaki ang matitipid." ("Cheaper… big savings…")(Group 3, C)

"Mas affordable." ("More affordable.")(Group 2, AB)

Persistent Doubts on Efficacy and Quality of Generics due to their Low Price

This benefit, however, is tempered by doubts about the efficacy of generics due to their very low cost.For Rs, across all SECs, ***low price is commonly correlated with lower quality and effectiveness*** -- they think that it is probably only in reducing a medicine's potency can its selling price be drastically reduced. It seems that among Class ABC Rs, this rationale is influenced, to some extent, by their private doctors.

"Madali 'yung branded (magpagaling). 'Yung generic mas mababa 'yung gamot…Mas mahal lang ang branded kaysa generic." ("The branded medicines can cure fast. The generics are less effective. The branded is just more expensive than the generic') (Group 1, DE)

"Mas mababa ang dosage kaysa doon sa Mercury…(Branded) Mas mabilis magpagaling."("The dosage is lower than in Mercury… [Branded] Can cure fast"). (Group 2, DE)

"Low price…Pero effective…Mayroong effective, mayroon ding hindi." ("Low price.. But effective… There are those that are effective, those that are not.")(Group 2, C)

"(Generic) Low quality 'yan according to (private) doctor." ("[Generic"] that is of low quality according to the [private] doctor.") (Group 2, C)

"Salbutamol. P48 and then surprisingly sa generics, mayroong tag-4 lang, 11 (pesos)…Parang ang laki ng difference nila…Parang baka tubig na lang naman 'yung formula kaya parang medyo mapapaisip ka." ("Salbutamol. PhP 48 and then surprisingly with generics, there are those that are Php4 only, PhP11 only… It seems that their difference is big… It seems like the formula might be just water so you will have second thoughts.") (Group 1, AB)

"Ang difference lang talaga ng generics and branded 'yung price, but supposedly the formulation should be the same pero'yun nga lang 'yung question…Is it really true…Kasi sometimes based on our experience, ang tagal ng effect…Sa generics, 10 days kang maysakit." ("The only difference between generics and branded is the price, but supposedly the formulation should be the same but that is the question… Is it really true? Because sometimes based on our experience, the effect takes long. With generics, illness lasts for 10 days.") (Group 2, AB)

"The lesser the price, the lesser the quality." (Group 3, AB)

Doubts on Generic Drugs' Expiration or Production

The lower price of generics vs. branded medicines raises questions among Rs as to whether a generic medicine sold in the market has expired or is about to expire, or is a fake product since Rs claim that they have no way of checking expiry dates of generics taken from bulk containers.

"Binigay na vitamins sa buntis galing sa generics. Noong nakainom na siya ng mga apat na piraso, expired na pala." ("The vitamins given to the pregnant woman came from generics. After she has taken 4 pieces, they found out it was already expired.") (Group 1, DE)

"Mayroon kang second thoughts kasi dati may mga lumalabas na pekeng gamot." ("You will have second thoughts because what came out before were fake drugs.') (Group 1, AB)

"Hindi ako sure na baka mamaya, expired na 'yung ibinebenta sa akin." ("I am not sure because for all you know, the drug being sold is already expired.") (Group 3, AB)

Perception that Generic Medicines Take Longer to Produce Results

Rs across all SECs claim that based on their experience, it takes a longer time for generic medicines to take effect, thus validating their perception that generic drugs are less potent than branded medicines.

"Nung sumasakit 'yung ngipin ko, bumili ako ng mefenamic na generic. Parang hindi natanggal 'yung sakit pero 'yung branded, mas madali mawala 'yung sakit." ("When I had a toothache, I

bought mefenamic generic. The pain did not seem to be removed but with branded, the pain fastwent away") (Group 1, DE)

"Medyo matagal (mag-effect ang generic) …Low 'yung ano (potency) niya." ("The generic takes awhile before it takes effect… It has low potency.") (Group 2, C)

"Mabagal 'yung reaction ng gamot…Kunwari 21 days ka pinapainom ng gamot, wala pang 21 days, magaling ka na…Sa branded 'yun." ("The action of the drug is slow… For example, you need to take medicine for 21 days, you already get well before reaching 21 days… that is for branded.") (Group 3, C)

"Sa generics, 10 days kang maysakit." ("With generics, you are sick for 10 days.") (Group 2, AB)

Acceptability of Generic Drugs among Class DE

Many Class DE Rs, however, claim that they are "hiyang" to some generics.

"Mayroon naman kasi na isang take mo lang (ng generics), ok na 'yung sakit mo; mayroon naman na hindi agad-agad…Hiyangan na lang rin." ("There are generics that with one take, you get well. There are those that take a while… It is matter of getting accustomed to.") (Group 1, DE)

"Depende rin sa kahiyangan sa generic…Pag naumpisahan mo sa generic, generic ka na…Trinay ko sa branded, then nilipat ko sa generic, sabi ko parang pareho lang ng effect sa mother ko. So, doon na ako sa generic; mas nakababa pa ng presyo." ("It really depends if you are accustomed to generics… Once you start with generics, you stick with generics… I tried the branded, then shifted to generics, both had the same effect on my mother. So, I stuck to generics, it even has lower price.") (Group 2, DE)

Overall Preference for Branded Medicines

Considering the above, Rs generally prefer branded medicines over generics were it not for the high price of the former. This preference is openly expressed by Class AB and C Rs.

"Parang kampante ka kasi alam mo na 'yung ipapainom na gamot ay talagang with quality, kahit na medyo mahal ang branded sa generic; parang kampante ka doon." ("You feel confident because you know that the medicine you are taking is of quality, although the branded is somewhat more expensive than generic; you feel more confident with it.") (Group 3, C)

" Ano ang mas sure? 'Yung magaling talaga na branded…'Yung gusto mo lang naman kapag hindi ka maka-afford ng mas mahal, di ba gusto mo lang parang gumaling ka na agad, pero ako naman gusto ko 'yung mabilis na para hindi ako hihirap pa sa sakit." ("Which one can you be more certain? The branded is really good… You only want it [generic] if you cannot afford the more expensive medicines, isn't it that you like to get cured immediately, but for me, I want one that has fast effect so I don't have to suffer with my illness.') (Group 1, AB)

2.6.Consumption of Generic Medicines by Classes AB and C

Many ABC Rs admit that they have tried generics. While severalin Class C report that they buy generics regularly for their maintenance medication, Class AB Rs seem less enthusiastic to shift long term or permanently to generics. This is because they express greater confidence in branded medicines and claim having the financial means to buy them.

"Why do we need to be insecure in decision-making on what kind of medicine I have to buy? In the first place, I already paid the doctor na bigyan mo naman ng magandang (gamot) itong anak ko kasi he is sick. (To explain preference for branded medicine)" ("Why do we need to be insecure in decision-making on what kind of medicine I have to buy? In the first place, I already paid the doctor to prescribe effective medicine to my child because he is sick. [To explain preference for branded medicine].") *(Group 2, AB)*

A few Class ABC Rs state that generic drugs' "low dose" formulation (vs. branded medicine's "stronger" action) makes them ideal as starter medication.

"Yung doctor sa health center namin, generic 'yung binigay niya pero sabi naman niya okay 'yan. You have to start with a low dose. Hindi katulad pag branded, talagang malakas; pag na-ano na 'yang katawan mo, wala na, immune na. Sa higher na klase na gamot hahanapin na." ("The doctor in our health center prescribed generic and said it was alright. You have to start with a low dose. It is unlike with branded, it is really strong; once you have taken it, you are already immune. So higher quality of medicine is what you look for.")(Group 2, C)

"*Kapag hindi pa naman ganun kalala, puwede naman siguro mag-switch ka doon sa generic para mas mura ng kaunti."("If the illness is not yet serious, maybe you can switch to generic so it is sligthly cheaper.") (Group 1, AB)*

"Temporary relief…Hindi siya pang matagalan." ("Temporary relief… Not long-lasting.")(Group 2, AB)

2.7.Suggestions to Improve Image of Generics Given by Class AB Respondents

Since they expressed a more sceptical attitude towards generic drugs, Class AB Rs were asked to recommend ways to improve the image of generics among the public. In order to boost the image of generic drugs, these Rs suggested the promotion of generics through mass media utilizing endorsements by credible personalities.

"Ano ang puwedeng gawin para 'yung duda sa generics na hindi ito masyadong effective ay mawala o mabawasan? Commercial…Lalo kung kukuha ka ng trusted, halimbawa si Mel Tiangco." ("What can be done to erase or lessen doubts that generics is not really effective? Commercial… like if you get someone trusted, for example Mel Tiangco.") (Group 1, AB)

D. KAP REGARDING THE CHEAPER MEDICINES ACT (CMA)

1. Awareness of the Cheaper Medicines Act

As described in Section C.1 on respondents' awareness of laws regarding medicines, a few Rs from all SECs spontaneously mentioned the Cheaper Medicines Law. When asked by the facilitator whether they have heard of the Cheaper Medicines Act or Law, others answered in the affirmative.

"Have I heard of the Cheaper Medicines Act? Yes…Noong 2008." ("Have I heard of the Cheaper Medicines Act? Yes… in 2008.") (Group 2, AB)

"Narinig ko lang sa TV 'yung sa Cheaper Medicine Act. Hindi ko masyadong alam; ang alam ko hindi puwedeng masyadong mahal 'yung price ng gamot, parang kino-control ng gobyerno 'yung presyo." ("I just heard from TV the Cheaper Medicine Act. I don't know much about it; what I know is that the price of medicine should not be too expensive, it's like the government is controlling the price.") (Group 1, AB)

2. Knowledge of the Cheaper Medicines Act

When asked what they know about the CMA, most respondents across SECs comprehend the law as dealing mainly with making generic medicines available. They do not associate it with the reduction in prices of certain branded medicines. This perception may be due to confusion with other ads in the mass media promoting generics pharmacies since some respondents spontaneously cite ads featuring Vilma Santos and Susan Roces endorsing The Generics Pharmacy and Rite Med, respectively. Very few attribute price reductions in medicines directly to the CMA and these are limited to Class ABC Rs.

"Yung kay Susan Roces… RiteMed…Gamot na nakakasiguro, kayang-kayang bilhin." ("The one of Susan Roces… RiteMed… Medicine that you can be certain, can easily buy.") (Group 2, DE)

"(Message of the CMA ad) Mas cheaper ang mga generic drugs compared sa branded." ("Generic drugs are cheaper compared to branded.") (Group 1, C)

"(Message of the CML ad) Nakalagay din doon na siguradong bago (slogan of Mercury drugstore)." ("It is also placed there that [the medicine] is surely new [slogan of Mercury drugstore].") (Group 2, C)

3. Source of Awareness on the Cheaper Medicines Act

3.1. Mass Media

<u>TV, Radio and Newspaper Ads</u>

After prompting, respondents often cite ads on TV, radio and newspapers as sources of awareness on the law.

"(Awareness of CMA from radio, TV, newspaper ads) (Ang message ng ad). Mas cheaper ang mga generic drugs compared sa branded." ("[The message of the ad.] The generic drugs are cheaper than the branded.") (Group 1, C)

"Ako narinig ko lang sa radyo (ang tungkol sa Cheaper Medicines Act)." ("I just heard from the radio about the Cheaper Medicines Act".) (Group 1, C)

"Saan ko pa nalaman ang tungkol sa Cheaper Medicines Law? Sa radyo." ("Where else did I learn about the Cheaper Medicines Law? From the radio.") (Group 2, C)

"How else did I find out about it (CMA)? Over the radio." (Group 2, AB)

These ads' effectiveness in providing correct information on the law seems to have been limited.

"Sa Cheaper Medicines Law, ang pino-promote ang generic. Oo…'Yung sakop nito ay ang generic at hindi niya sakop 'yung mga branded; yes." ("With Cheaper Medicines Law, the generic is promoted. Yes… what it covers is generics and not branded; yes.") (Group 3, C)

TV Public Affairs and News Programs

Understanding of the law is deeper and correct when the sources of awareness are TV news and public affairs programs. Being exposed to more media and types of TV programs, Class ABC Rs demonstrate a better understanding of the law and the issues it seeks to address.

"(TV programs where heard about CMA) Umagang Kay Ganda,.. Punto por Punto…Salamat, Doc." (Group 2, C)

"Lesser na 'yung restriction ng pagpasok ng mga medicines coming from abroad…Extensively inano nila sa TV, diniscuss." ("There are lesser restrictions on the entry of medicines from abroad… They tackle, discuss these extensively on TV.") (Group 1, C)

"Meron silang nakalagay na mga price ng gamot…na kahit branded siya, hindi puwedeng magtaas…Branded siya pero bumaba 'yung presyo. (Aware of CMA from discussions on TV)." ("They put the prices of medicines.. that even it is branded, it cannot go higher… it is branded but price is lower. [Aware of CMA from discussions on TV.]") (Group 2, C)

"Kino-control ng gobyerno 'yung presyo. (Nalaman ko sa) TV, sa news." ("The government controls the price. [I learned it from] TV, news.") (Group 1, AB)

"Hypertension medicine, mayroon na sila 'yung 50% (ang presyo); branded man siya…Bibigyan nila ng price siya pero hanggang dito na lang talaga 'yung price ceiling mo…'Yung karaniwang binaba ng presyo ay 'yun 'yung karaniwang sakit ngayon…kung hindi hypertension, diabetic…cholesterol….Inano siya sa TV noon, parang health practitioner sa Department of Health." ("Hypertension medicine, they already have the 50% [the price]; it is branded… they will give the price ceiling should be up to here only… The prices that are usually lowered are for those usual illnesses now… if not hypertension, diabetic… cholesterol… It was mentioned on TV before, someone like a health practitioner from the Department of Health.') (Group 2, AB)

3.2. Internet

Some Class ABC Rs cite the internet as a source of information on the law.

"Sa internet pag nag-o-online. Sa Cheaper Medicine parang ilalabas na nila 'yung mga murang gamot panlaban sa mga generics; branded sila pero ilalaban sa generics 'yung mga gamot na 'yun." ("From the internet if I go on-line. With Cheaper Medicine, it is like they are going to come out with cheaper medicines to compete against generics; they are branded but these drugs will be pitted against generics.")(Group 3, C)

"It was posted sa net…Sa TV, iko-control ng government ang pagtaas ng gamot like 'yung sa diabetes, high blood kasi 'yun 'yung nagiging cause ng pagkamatay ng mga Filipinos." ("It was posted on the net… From TV, the government will control the increase of prices of medicines like the one for diabetes, high blood because these are what cause the death of many Filipinos.")(Group 1, AB)

3.3. Health Centers and Barangays

Health centers and barangays do <u>not</u> seem to be sources of information on the law. ***Some Rs, especially those in Class DE, expect these institutions to be information agents on the CMA and show some disappointment that they are not, particularly in light of their parallel experience learning about generics from health center personnel.***

"Mayroon bang alam na batas? Wala; 'yung generic lang…Sa center, wala akong nakukuha (na impormasyon)…Sa barangay wala rin…Sa mga ospital o mga doctor na pinupuntahan, wala." ("Do I know any law? None; just the generic… At the center, I don't get any [information]… At the barangay, none also… At the hospital or doctors I go to, none.") (Group 1, DE)

"Walang nababanggit 'yung mga health center…Botika, wala…Barangay, hindi." ("The health center does not mention anything… Drugstore, none… Barangay, no.") (Group 2, DE)

3.4. Drugstores

Drugstores are not usual sources of awareness on the CMA. It seems that little or no information is disseminated on the law by sales counter personnel and pharmacists.

"Ano pa ang masasabi sa Cheaper Medicines Law? Sana matupad. Bakit? Kasi wala pa naman sa mga botika 'yung ganyan… ("What else can I say about the Cheaper Medicines Law? I hope it gets enacted. Why? Because the drugstores still do not have those.")(Group 1, DE)

4. Perceived Relevance of the Cheaper Medicines Act

Because of the perception that the law covers only generic medicines, Rs do not readily appreciate the law's relevance to them.

Class DE

To Class DE Rs, the law is not very relevant to them. They believe that they already have access to free medicines in health centers and low-priced generics even without the law.

"Libre lang kasi (sa health center)…Libre sa center 'yung pangpausok niya (nebulizer)."("It is given free [at the health center]… The nebulizer is free at the center.") (Group 1, DE)

"Hindi siya branded… Effective din siya (generic), kagaya namin eh mahirap lang." ("It is not branded. [The generic] is also effective, like us we are only poor.") (Group 3, DE)

"Hindi lahat ng gamot nasasakupan nito (CMA). 'Yung medyo mas mahal talaga." ("Not all medicines are covered by this [CMA]. Those that are really somewhat expensive.") (Group 3, DE)

Class ABC

Class ABC Rs do not see the relevance of the law to themselves and their families since they feel that they are not affected by the law and that the brands covered by the law are not extensive enough and are not known to them.

"I did not give it too much attention kasi parang hindi naman ako masyadong apektado noon, 'yung pagkakaintindi ko sa Act…It was not really a necessity pa at that time na wala naman akong maintenance in anyone in the family at sa father-in-law ko." ("I did not give it too much attention because I wasn't affected too much before, the way I understand the Act… It was not really a necessity at that time since there was no maintenance needed for anyone in the family or my father-in-law.") (Group 1, AB)

"Okay naman sana (ang CMA) kasi may mga branded na medicine pero talagang kulang talaga…Hindi rin siya kilala kung branded (referring to brands in price list)." ("The [CMA] is alright because there are branded medicines but it is not enough… These are also not known even if branded (referring to brands in price list).") (Group 3, C)

5. Perceived Beneficiaries of the Cheaper Medicines Act

Across all SECs, the perceived chief beneficiaries of the law are the ***poor and elderly*** mainly due to the initial incorrect perception that the law is only about generics and does not cover branded medicines.

"Malaking tulong sa mahihirap." ("Big help for the poor.") (Group 1, DE)

"Alam ko kasi sa Cheaper Medicines para doon sa mga matatanda 'yun kasi kadalasan nangangailangan ng ganoon na gamot mga may edad na…Naka-maintenance…More on sa oldies." ("I know that Cheaper Medicines are for the elderly because those in need of medicines like those are the older ones that are on maintenance… More on the oldies.")(Group 3, C)

"Yang Cheaper Medicine mostly sa mga matatanda para maka-afford sila na effective pa. Mga oldies, kasi ang nagagamit lang nila ay 'yung senior citizen ID." ("The Cheaper Medicines are mostly for the elderly so they can afford and yet effective. The oldies, what they use is the senior citizen ID.") (Group 1, AB)

During the course of the discussion, the Facilitator provided information on the law and its provisions, especially that it covers branded medicines. After hearing this explanation, Rs expressed more appreciation of the law's relevance to and benefits for them and their families.

"Kung noon pa nila binaba ito, baka buhay pa 'yung tatay ko." ("If they had enacted this way before, maybe my father is still alive by now.') (Group 3, DE)

"Madami ditong gamot 'yung tatay ko." ("A lot of the medicines are what my father takes.") (Group 1, C)

"(Para sa) Sakit talaga ng mga Pilipino."("For the illnesss common to Filipinos.") (Group 2, AB)

"Medicines should be affordable to everybody…"Yung mahihirap ang most magbe-benefit…Ang nagustuhan ko sa batas na 'yan nako-control nila 'yung presyo ng gamot; puwedeng mabili ng mahirap, puwedeng mabili ng mayaman." ("Medicines should be affordable to everybody… the poor will benefit the most… What I like with that law is that they can control the price of medicines; the poor can buy it; the rich can buy it.") (Group 2, AB)

6. Reactions to the Reduced Prices of Drugs

In the course of the discussion, the facilitator presented the Government Mediated Access Price (GMAP) list (copy of the poster) and informed Rs of the medicines covered in the list. Copies of the list were passed around. When shown and informed of the list, Rs from all SECs expressed their gladness and welcome relief. Such a reaction, however, quickly turned to apprehension and even scepticism about how such huge price reductions in the medicines identified, could be possible. Based on their experience taking generics and branded medicines, Rs across all SECs

expressed doubts mainly about the reduced-priced (branded and generics) medicines' effectiveness and to some extent their expiry date.

Class DE

"Kayang-kayang bilhin…(Pero) Effective ba siya?...Sumobrang baba siya…Baka binabaan 'yung dosage." ("Can afford to buy… But is it effective?... The price drop is too low… They might have lowered the dosage also.") (Group 2, DE)

"Siguro 'yung mga tinitimpla binawasan." ("Perhaps the components are lessened.") (Group 3, DE)

"Naka-smile. Nag-iisip kung paano makakabawas sa budget… Bumibilib…Iisipin mo din na may kalidad pa kaya 'yan?...Hindi kaya binawasan din ang bisa?" ("Smiling. Thinking on how to cut the budget… Trusting…You will also think does it have quality?... Didn't they reduce the effectiveness?") (Group 3, DE)

Class C

"Magiging questionable 'yun kung bakit sobrang baba." ("The very low price can be questionable.") (Group 2, C)

"Kung ganito 'yung gamot na kailangan natin, masaya. Sana naman kung nagbaba ang presyo nito, hindi nabawasan 'yung kaniyang value or quality." ("If this is the medicine we need, happy. I hope that if they lowered the price, they did not lower its value or quality.") (Group 3, C)

"Baka gawgaw na lang 'yon." ("It might just be just cornstarch.") (Group 2, C)

"Baka naman hindi na ako gagaling diyan."("I might not get well with that.") (Group 3, C)

"Baka mag-expire na 'yun kaya ganoon." ("It might be about to expire that is why.")(Group 2, C)

"Why do I say that if the quality of the medicine is the same then I am happy with the price reduction? Nakakagulat kasi…Half of the price nawala, di ba?..Hindi kaya 'yung gamot na binaba nila, pa-expire na…Expired today (laughs)…Para maubos siya." ("Why do I say that if the quality of the medicine is the same then I am happy with the price reduction? It is suprising… Half of the price is gone, right?... Is it not that the medicine they lowered the price is about to expire… Expired today [laughs] … So they can dispose of it.") (Group 3, C)

Class AB

"Ako kasi kung bibili ako, ayaw ko ng sobrang baba; parang need ko na kunin 'yung nasa gitna siya (price); hindi nasa pinakamataas…tapos hindi ganoon kabagsak sa presyo." ("If I were to

buy, I don't want it to be too cheap; what I need to drink is the one that is priced in the middle; not the highest… and not too low price.") (Group 3, AB)

"May gumugulo sa isip ko kung mag-expire." ("Something bothers my mind if it expires.") (Group 2, AB)

7. Comments on Brands Covered by Government Mediated Access Price (GMAP)

Some Rs say that the specific types of medicines and brands in each class are limited. They add that most of the brands in the list are not those that they need to purchase. They also say that the GMAP does not cover medicines for common ailments and includes brands that are mostly unknown to them.

"Lalo pang palawakin (ang sakop na gamot)." ("Expand it [the drugs covered]")(Group 2, DE)

"Bakit hindi nila lagyan ng gamot dito na mas nangangailangan, the likes of TB…Napaka-minimal, dapat lawakan pa." ("Why don't they put her medicines that are more needed, the likes of TB, too limited, need to be broadened.") (Group 3, C)

"Okay naman sana kasi may mga branded na medicine, pero talagang kulang talaga…Hindi rin siya kilala kung branded." ("It is alright because it has branded medicine but it is really not enough…it is also not known even if branded.") (Group 3, C)

"Hindi siya puwede doon sa karaniwang sakit lang." ("It cannot be applied for common illnesses.") (Group 3, C)

"Katulad sa anti-hypertensive; alam kong napakaraming pang anti-hypertensive pero bakit dalawa lang ang napasama dito?" ("Like anti-hypertensive; I know there are lots for anti-hypertensive but why does it include only two here?") (Group 3, AB)

8. Whether Respondents Noticed Price Reductions of Branded Medicines

Respondents were asked whether they have noticed reductions in prices of some branded medicines. Some Rs buying branded maintenance medicines claim to have noticed price reductions while others have not.

"(Noticed price reduction) Katulad noong hypertension medicine, mayroon na sila doon 'yung 50% (ng dating presyo), branded siya." ("[Noticed price reduction] Like the hypertension medicine, there already have the 50% [of the previous price], it is branded.") (Group 2, AB)

"(Noticed price reduction) Micardis, bumaba siya, ang layo ng diperensiya niya (sa dating presyo)…Symbicort…Norvasc." ("[Noticed price reduction] Micardis, it is lowered, the difference from is original price is big… Symbicort… Norvasc.") (Group 1, C)

"(Not noticed price reduction) Maintenance…Parang tumataas 'yung mga gamot ngayon..Generic hindi…Pang maintenance 'yung ganoon (tumataas ang presyo)." ("[Not

noticed price reduction] Maintenance… It seems like the prices of the medicines now are increasing … Not for generic… It is for maintencane (those with increasing price)")
(Group 3, C)

9. Perceived Credibility of the Cheaper Medicines Act

Respondents across SECs are unsure if the law is already in effect or if it can indeed be implemented properly. They cite two reasons:

a. There is generally ***low awareness of or poor visibility of the GMAP price list in drugstores***.

"Sana may price list ang mga botika na pare-pareho 'yung presyo." ("I wish drugstores have a uniform price list.") (Group 1, DE)

"Wala siya (price list) sa Mercury…Wala din sa South drug, sa Generic lang namin nakita 'yan." ("[The price list] is not in Mercury… None also in South Drug, only in Generic do we see that.") (Group 1, AB)

b. ***Prices of the same medicines are not standard across drugstores***. Since respondents expect the GMAP to be a uniform price and not a set price ceiling, they feel that prices of medicines should not vary from one drugstore to another.

"Sana may price list ang mga botika na pare-pareho 'yung presyo. Siguro 'yung ibang botika (merong nakapaskil). Sa ibang Generic siguro…Wala sa Mercury." ("I wish drugstores have a uniform price list. Maybe some drugstores have it posted. In other Generic maybe… None in Mercury.") (Group 1, DE)

"Mas maganda kung pare-parehas lang ang presyo ng mga botika." ("It is better to have uniform prices in drugstores.") (Group 1, DE)

"79 (pesos) 'yung old; ngayon 39 (pesos) na lang…Parang hindi, kasi noong nag-try ako nito (medicine), nasa 57 (pesos)." ("79 pesos previously; now 39 pesos only… It doesn't seem right, because when I tried this medicine, it costs 57 pesos.") (Group 2, C)

"Kasi sa drugstore, iba-iba; like 'yung sa South drug, mas mahal siya; sa Mercury iba din."("Because in the drugstore, it varies, in South drug, it is more expensive; in Mercury it is also different.") (Group 1, AB)

c. There is no explanation on why the prices of the drugs covered by the GMAP have gone down.

"Dapat siguro mayroong comparison kung bakit mas bumaba 'yung presyo."("Maybe there should be a comparison why the price is further reduced.") (Group 2, C)

10. Respondents' Rationalizations for Significantly Reduced Prices

Perhaps because the need for and attraction of lower priced medicines are by themselves strong motivators, respondents themselves in all SECs attempt to find justifications/rationalizations for the surprisingly low prices to dispel their own doubts or misgivings about the law.

"Siguro (dahil) sa competition." ("Maybe because of competition.") (Group 2, DE)

"Kaya nila binaba kasi lahat ng bibilhin sa kanila ay sa generic na lang, so 'yung branded hindi na mabibili kaya binaba na lang nila." ("The reason why they reduced so all that will be purchased from them are just generics; the branded will not be purchased so they reduced the price.") (Group 1, C)

"Hindi naman lalabas ('yung murang gamot) kung hindi effective." ("They will not come out with cheaper medicines if it is not effective.") (Group 1, C)

"It's about time na ibaba naman nila. Ang daming matatanda na ngayon sa Pilipinas. 'Yung senior citizen card hindi enough 'yun para ma-cover mo 'yung expenses ng matatanda, pang maintenance nila." ("It is about time they reduce it. There are a lot of elderly now in the Philippines. The senior citizen card is not enough to cover maintenance expenses for the elderly.") (Group 1, C)

"Kaya ito binaba (kasi) sa India, napakamura ng gamot." ("The reason why it is reduced because in India, medicines are cheap.") (Group 2, AB)

11. Overall Benefits of the Cheaper Medicines Act

Despite the doubts and questions in their minds, respondents do admit that they and other consumers will realize positive benefits with implementation of the Cheaper Medicines Act. They note the following advantages:

a. They will now be able to buy medicines when sick.

"Nagpapa-check up na rin sila kasi aware na sila na may murang gamot; hindi kagaya noon na iniisip na mahal 'yung reseta kaya hindi na pumupunta para magpa-check up kasi hindi rin naman mabibili 'yung gamot." ("They have their check-up because they are aware that there is now cheap medicine; unlike before they don't go for a check-up thinking the medicines to be prescribed will be expensive and they cannot afford to buy.") (Group 3, DE)

b. They no longer feel afraid and are more confident to consult a doctor and buy medicines.

"Ang takot nila sa doctor, mahal 'yung nirereseta…Ngayon magpapa-doctor na ako." ("They are afraid that the doctor will prescribe expensive medicines… I will now consult the doctor.") (Group 3, DE)

"Mare-relax ka; hindi ka maha-harass na bumili ng medicine." ("You will feel relaxed; you will not be harassed to buy medicine.") (Group 3, C)

c. They can manage their finances better and allocate money saved for other necessary family expenditures.

"Hindi na kakapusin sa budget…Matutuloy na ang gamutan; hindi na mahihinto…(Savings mapupunta sa) Ibibili ng gamot at pagkain…Madadagdag sa education…Mase-save mo na…Madadagdagan ang savings…Makakapagpa-parlor na." ("You will not run out of budget… Treatment will continue; it will not stop… Savings will go to medicines and food…added to education… You can already save… Savings will increase… I can go to the parlor.") (Group 2, C)

"Hindi na masyado bawal magkasakit…(Savings will go to) Meralco…Bills…Parang pambalanse, adjustment for the other price increases…Spa." ("It is alright to get sick… Savings will go to Meralco… Bills.. to balance, adjustment for other price increases…Spa")(Group 3, AB)

d. They can now buy their preferred branded medicines instead of generics.

"Ngayon hindi na ako bibili ng generic…mayroon naman palang ganito…I have a fear of switching to generic medicines kasi hindi mo kilala 'yung brand so ngayon, peace of mind na 'yung iniinom kong gamot ay siya pa din 'yung iniinom ko dati pero mas mababa (ang presyo)." ("Now I don't have to buy generic… they already have this… I have a fear of switching to generic medicines because you don't know the brand so now, peace of mind because what I drink now is the same one I drank before but with lower price.") (Group 2, AB)

"Suwak na siya sa budget…Go for the branded, no second thoughts…" ("It fits the budget… Go for the branded, no second thoughts…") (Group 1, AB)

e. They can pursue dreams, luxuries, and other pleasures with money saved.

"…Yung mga luho mo madadagdagan din…May pambili ng cosmetics…Bawas stress…Maa-at ease ka kahit papaano. Hindi ka kakaba-kaba. Nag-aalangan ka before kasi mahal." ("You will have more luxuries… There's money to buy cosmetics… Less stress.. You will feel at ease one way or another. You will not be nervous… You hesitate before because it was expensive.") (Group 1, AB)

12. Recommendations on Expansion of Medicines Covered by the GMAP

Respondents were asked to name medicines which they thinkshould be included in the GMAP. To make the law more responsive to consumers' actual needs, Rs recommend expanding the list of price controlled medicines to include the following:

<u>Everyday, common needs</u>

- Medicines for diarrhea

- Medicines for migraine
- Medicines for asthma
- Carbocisteine
- Pain relievers, mefenamic acid, paracetamol, ibuprofen, Alaxan, Gardan, Dolfenal
- Robitussin
- Flanax

Vitamins
- Ferrous/iron supplement
- Folic acid
- Vitamin C
- Vitamin E
- Supplements like silymarin
- Cherifer
- Ceelin
- Propan
- Enervon
- Revicon
- Pedia Poten Cee
- Pedia Fortran C

Expensive Antibiotics
- Cloxacillin
- Amoxiclav
- Amoxil
- Himoxol
- Cefaclor
- Cefalexine
- Cotrimoxazole

Maintenance Medicines/ Supplies
- Metformin
- Medicines for arthritis, “rayuma”
- Insulin

Vaccines
- Flu vaccines
- MMR vaccines (for measles, mumps and rubella)
- HPV vaccine
- Anti-rabies
- Anti-venom

For Epidemics/Seasonal Illnesses
- For dengue
- For coronavirus
- For leptospirosis

COMMENTS ON GMAP POSTER DISPLAYED IN DRUGSTORES

1. Comments on Brands Covered by GMAP

Some Rs say that the specific types of medicines and brands in each class are limited. They add that most of the brands in the list are a) not those that they need to purchase, b) do not cover common ailments, and c) are not known brands.

"Lalo pang palawakin (ang sakop na gamot)."(Expand drug coverage) (Group 2, DE)

"Bakit hindi nila lagyan ng gamot dito na mas nangangailangan, the likes of TB…Napaka-minimal, dapat lawakan pa."(Why not put medicines that are really needed like TB, the list is minimal, need to expand) (Group 3, C)

"Okay naman sana kasi may mga branded na medicine, pero talagang kulang talaga…Hindi rin siya kilala kung branded."(Ok has branded but list is lacking and brands not known) (Group 3, C)

"Hindi siya puwede doon sa karaniwang sakit lang."(Can't be for common illness) (Group 3, C)

"Katulad sa anti-hypertensive; alam kong napakaraming pang anti-hypertensive pero bakit dalawa lang ang napasama dito?"(Why only two meds for hypertension when there are many drugs for this?) (Group 3, AB)

2. Whether Rs Have Noticed GMAP Price List in Drugstores

Some Rs report seeing the price list in some, but not all drugstores while some say that they have not seen the price list in drugstores at all. Rs who have seen the price list state that it is hardly noticed by consumers. Moreover, they do not associate the list with the Cheaper Medicines Act.

"Yung posters (price list) na ganyan? Wala; mayroon ba (sa botika)? Mayroon yata pero hindi ko napansin." (This poster? Maybe in the drugstore but I did not notice) (Group 3, C)

"Sa Mercury, nakita sa may gilid, sa may side (wall)."(In Mercurgy Drug, I saw in the corner near side wall) (Group 3, DE).

"Nakalagay 'yan (price list) sa gilid…Wala siya sa Mercury…Wala din sa South drug, sa Generic lang namin nakita 'yan." (This list is in the corner, none in Mercury nor South Drug; I only say in Generic pharmacy) (Group 1, AB)

3. Observations on GMAP Poster in Drugstores

Respondents say that the the price list in the entrance does not catch attenteion.

a. The size of the existing poster is not big enough and the design, not colorful enough.

"Dapat sa labas (nakalagay); malaki." ("It should be placed outside; big.") (Group 1, DE)

"(Dapat) Malaki na nababasa…Lakihan ang letra kasi karamihan matatanda ang bumibili (laughs)." ("It should be big enough to be read… Make the letters big because the buyers are mostly thet elderly.") (Group 1, C)

"Mas maganda kung lakihan (ang price list)…Oo nga, ang liit-liit. Malabo eh; hindi siya pansin." ("It is nice if the price list is made bigger… Yes, it is too small. It is not clear; hardly noticeable.")(Group 3, C)

b. Placement of the poster is not in a conspicuous area nor uniform in all drugstores

"(Sa pinto nakalagay); parang dinaanan lang…Dapat sa center (nakalagay)." ("It is placed at the door; just by-passed … should be placed at the center.") (Group 2, DE)

"(Ilagay sa) Entrance…Depende sa laki (ng poster)." (Place in entrance… depends on the size of the poster.") (Group 1, C)

"Sa Generics (Pharmacy) kasi, parang tindahan lang siya. Nandoon sa gilid (ang poster); ang laki-laki. Pero sa Mercury, puro product 'yung nakikita natin; kung mayroon mang ganyan, siguro talagang hindi na mapapansin kasi puro gamot eh."("Generics Pharmacy just looks like a store. The poster is placed at the side; it is very big. But at Mercury, we see only products; if there is one like that, maybe it will not be noticed because of the many medicines.") (Group 1, AB)

VIII. CONCLUSIONS FROM FINDINGS

This section discusses findings from the research relevant to the research objectives.

A. KNOWLEDGE, ATTITUDES AND PRACTICES REGARDING THE CHEAPER MEDICINES ACT AMONG HOUSEHOLDS FROM THREE SECs

1. Awareness of the Cheaper Medicines Act

Overall, there is low awareness of the Cheaper Medicines Act among respondents from all SECs although a few are able to spontaneously recall it. Classes AB and C respondents are slightly more aware and better informed on the Act. This is related to their viewing public affairs and news programs on TV and access to the internet.

On the other hand, many respondents from all SECs are highly cognizant of the Generics Act. Even when prompted about the existence of the Cheaper Medicines Act, respondents still confuse the Act with the law on generics. They generally do not know that the Act covers reduction of prices of branded medicines as well.

2. Source of Awareness of the Act

For respondents from all SECs, the main sources of awareness and information on the Cheaper Medicines Act are mass media channels – TV, radio and print ads, and news and public affairs programs. The internet is also identified as an information source by Class ABC respondents. Based on responses from Class ABC respondents, TV public affairs programs provide more correct and in-depth information on the Act. Health centers, barangays and drugstores are poor sources of information on this law. Government doctors and health centers are also poor sources of information on this law although they are very good sources of information on generics.

3. Impact of the Act on Household's Financial Burden

The Cheaper Medicines Act does not seem to have resulted in a significantly reducing the financial burden of medicine costs among households. Respondents from all SECs claim that their expenditures for medicines are "heavy" for them.

- ✓ The law has had little effect on low income respondents (Class DE) who rarely buy branded medicines and take advantage of free medicines from government health centers or purchase cheap generics from pharmacies. Considering their income situation,Class DE respondents still cannot afford branded medicines even at reduced cost. They resort to coping mechanisms to be able to afford medicines they need such as buying medicines on a daily basis, and interrupting or altogether stopping medication when one feels well enough.They also rely on relatives or friends, and charitable organizations if they cannot buy the needed medicines.

- ✓ The middle income (Class C) and upper income (Class AB) respondents buy branded medicines but most of what they buy are <u>not</u> included in the GMAP price list. If they cannot

afford the price of branded medicines for chronic ailments, some Class C respondents alternate between taking the generics and branded medications in order to complete the full regimen.

4. Household Monthly Expenses for Medicines

Based on the respondents' reported monthly median household incomes, expenses for medicine among the Class AB group constitute 0.68 days of wages per month while among the middle income group (Class C), expenses total 1.12 days of wages per month. Low income (Class DE) respondents cannot estimate the amount they spend for medication each month since they avail of free medicines from government health centers. If supply is not available in these public facilities, Class DE respondents purchase generics in small quantities – on a daily basis or as a dose is required -- since they do not have sufficient funds to purchase the full regimen required.

5. Perception of Price Reductions of Medicines

Few respondents have noticed price reductions in the cost of branded medicines. This may be due to the fact that the GMAP covers a limited range of branded medicines and do not cover:

- ✓ some brands that respondents or their family members need for chronic ailments
- ✓ medications for common everyday illnesses in the household

Additionally, many brands in the GMAP are not known to the respondents.

There is wide skepticism among respondents from all SECs on why the prices of branded medicines in the GMAP list, as well as generics, have been drastically reduced. ***Respondents correlate low price with poor quality and weak potency***. They think that the reduction in price may be due to a change in the drug's formulation (lower dosage or dilution) or the medicines are expired or about to expire.

6.Use of Generic Drugs

Class DE respondents report buyingmainly generic drugs if free medicines are not available at the government health centers that they normally consult. Class C respondents buy branded medicines and sometimes use generic drugs, if they cannot afford to purchase the branded counterpart. Class AB respondents generally buy branded medicines and use generic drugs occasionally.

7.Availability, Accessibility and Affordability of Generics

The increase in the number of drugstores devoted to selling generics like Generics Pharmacy, Generika and Rite Med, has helped expand the availability and accessibility of generics to all socio-economic groups. Use of credible endorsers like Vilma Santos, Mel Tiangco and Susan Roces, also contributed to improving the image and acceptability of generics especially among poorer respondents.

The expansion in the supply of generic drugs is a factor to increasing affordability of medicines to the middle income (C) and low income (DE) classes. Respondents from Class C report that they use generics along with branded medicines because of its low price. Some of them treat generics as an alternative if they cannot afford the branded medicines needed for their regimen. Class DE respondents claim that if the medicines are not available for free in health centers, they buy cheap generics from drugstores.

Respondents from the high income class (AB) rarely buy generics and claim that they do not mind the higher prices of branded medicines since they are assured of the latter's quality vis-à-vis generics. To them, the cost of medication becomes a burden only when they need to spend on major seasonal expenses like school tuition.

8. Perception of or Attitudes towards Generic Drugs

Among respondents from all SECs, the major benefit of generic drugs is their low price. This is more often expressed by those from Class DE. This low price, however, is commonly associated with poor quality, although this issue is more often articulated by those in Class ABC. Some Class DE respondents admit that they are "hiyang" to some generics.

Despite the increasing use of generics, the perception that generic drugs are of poor quality (vs. branded medicines) persists among respondents from all SECs. Aside from lingering doubts about why price of generics is very low, respondents' own experience with generic drugs has been disappointing. Some respondents revealed that when they or their family members took generics, the cure or relief of symptoms from the illness was longer compared to when they took branded medicines. To respondents, the length of time for a cure or relief of symptoms is a major factor in assessing the quality of medicines taken.

9. Influence of Government and Private Physicians on Generic Use and Perception

Class DE respondents' better perception of generic drugs ispossibly influenced by the information they get from government facilities where they usually go to for health services. Government physicians generally prescribe generics and, if the medicine is not available for free in the health center, direct patients to generic pharmacies. Some Class DE respondents add that government physicians assure them that generic drugs are not only cheaper but also are as good as branded ones.

Class ABC respondents' poorer perception of generic drugs may be influenced by the private physicians whom they usually consult (Class ABC Rs do not normally go to health centers). These private doctors are reported to mainly prescribe branded medicines and prescribe generics only when their patients ask them about generics. In writing down prescriptions for generics, these private physicians sometimes express reservations about the generic drug's quality and effectiveness.

10. Knowledge of the GMAP List

Respondents generally are not aware of the GMAP. Few respondents have noticed the GMAP poster mandated by the Cheaper Medicines law to be placed in a visible area in all drugstores. Some respondents report not having seen the poster at all in drugstores. Others claim that they have seen the poster containing the price list but have not read its contents. This is because the poster is not placed in a visible area, its size is small for the amount of text it contains, and the text/font is small and not easy to read. Respondents do not associate this price list with the Cheaper Medicines Act.

11. Perceived Credibility of the Cheaper Medicines Act

Once informed on the law by the Facilitator, respondents across all SECs are not sure whether the law is already in effect or if it can be properly implemented. They cite two reasons: a) there is low awareness of the law and poor visibility of the GMAP poster in drugstores; and, b) prices of the same medicine in the price list are not the same across drugstores. ***Respondents feel that prices of medicines in the GMAP should not vary from one drugstore to another and should be a standard price, not a set price ceiling.***

12. Recommendations for Expansion of Medicines in the GMAP

Respondents across SECs suggest expanding the price list to include medicines for common ailments (cold, cough, pain, diarrhea), vitamins, expensive antibiotics, other maintenance medicines (e.g., arthritis, diabetes), vaccines, and seasonal illnesses or epidemics. Additionally, more brands of medicines need to be added to those already included in the disease category. The government needs to establish a phased approach regarding expansion of the GMAP to other drug categories. It must be noted that prices of drugs are much higher in the Philippines than in neighboring countries and that ideally, prices of all drugs need to be reduced significantly. This includes vitamins which comprise a major expenditure item for families with young children across all SECs, as the FGD results demonstrate.

B. IMPACT OF THE KEY PROVISIONS AND IMPLEMENTATION OF THE CHEAPER MEDICINES ACT

This section discusses some key provisions of the Act which have relevance to the consumers, and their impact based on respondents' responses.

R.A. 9502, Sec. 30 d) All drug outlets are required to post in a conspicuous area within its premises a clear copy of the order of the President of the Philippines which shall be easily accessible to the consuming public and updated regularly as the situation may warrant.

As earlier discussed, some respondents have noticed the poster listing the maximum retail prices of drugs and medicines under the Act while some have not. Based on reports, the GMAP poster is not "accessible to the consuming public" and is not attractive enough to invite attention.

R.A.9520, Sec.38, Sec.6. *Who Shall Use Generic Terminology*. - (*a) All government health agencies and their personnel as well as other government agencies shall use generic terminology*

or generic names in all transactions related to purchasing, prescribing, dispensing and administering of drugs and medicines

(b) All medical, dental and veterinary practitioners, including private practitioners, shall write prescriptions using the generic name. The brand name may be included if so desired.

(d) Drug outlets, including drugstores, hospital and non-hospital pharmacies and nontraditional outlets such as supermarkets and stores, shall inform any buyer about any and all other drug products having the same generic name, together with their corresponding prices so that the buyer may adequately exercise his option. Within one (1) year after the approval of this Act, the drug outlets referred to herein shall post in conspicuous places in their establishments a list of drug products with the same generic name and their corresponding prices.

Based on respondents' reports, government health center physicians and medical staff do use generic names in their prescriptions and refer patients to generic pharmacies if the medicine is not available for free in public health facilities. Private physicians seem to be less consistent and tend to first prescribe branded medicines and add generics only when the patients ask them about generics. There is indication that private doctors communicate their reservations about the quality of generic drugs to their patients, thus influencing the latter's negative perception about the quality of generic drugs. Drugstore personnel (salespersons and pharmacies) do not consistently inform buyers about generic products, and tend to promote branded drugs.

IX. RECOMMENDATIONS

A. RESEARCH

This qualitative research has elicited issues which need to be investigated through further research as follows:

1. Research among Private Medical Practitioners on their Knowledge, Attitudes and Practices regarding the Cheaper Medicines Act with focus on Generics.

This study indicates that private practitioners still do not consistently support generics and tend to raise doubts about their quality to their patients. This is particularly evident among Class AB and C respondents. Considering this, there is a need to gather information about what private physicians know and believe regarding the Cheaper Medicines Act, whether they are complying with the provisions of the law, and what are their reservations about the law. This information will be useful in planning and implementing an information and advocacy campaign targeting support from the private medical community. Private physicians remain an important and influential force and need to be mobilized if the Cheaper Medicines Act's implementation is to succeed. This study ideally would comprise a quantitative and qualitative component and cover urban and rural areas.

2. Research among Health Center and Government Hospital Physicians regarding the Cheaper Medicines Act

This study presents some evidence that government health physicians are prescribing andpromoting generics. However, evidence also indicates that this government structure is not providing sufficient information on the Cheaper Medicines Act. It is suggested that a qualitative research study be launched to determine what public health physicians know about the Act, how they relate this to the Generics Act, and how they can improve information and communication efforts to the public they serve (mainly Class DE).

B. INTEGRATED COMMUNICATION CAMPAIGN ON THE ACT

Five years after it became a law, there are still vast opportunities for the Cheaper Medicines Act to realize its full potential. One of its biggest challenges is to build awareness and knowledge about the law among all SECs, especially the low income or poor (Class DE) which comprises the bulk of the population. The low levels of awareness about the law and the incorrect understanding of some of its provisions, in effect rob the government of opportunities to generate goodwill among Filipinos. The law responds to a strong need for affordable branded medicines by the population, especially the poor, and it is important that this be communicated to the public.

"Binaba ng pamahalaan para makabili ang walang budget." (Group 3, DE)

"Nag-interview 'yung government sa need ng tao na naramdaman nila na mas higher na 'yung medicines, kaya nag-ano sila ng Act na kailangan babaan 'yung gamot para everybody can afford." (Group 1, C)

"Kami nagbabasa ng diyaryo, nakikinig ng radyo, nanonood ng TV; we don't know about it (CML); what more sila (the poor)?...Dapat 'yung mga taga DOH bumaba sila sa area nila then pumunta sila sa mga remote areas…(CML) It's for everyone." (Group 2, AB)

This integrated communication campaign is in line with the provisions of the Act which mandates the Department of Health in coordination with the Philippine Information Agency and the Department of the Interior and Local Government to implement a "continuous information campaign for the public…" (R.A.9520 Sec.11).

A campaign with the following components is proposed:

1. Mass media to generate wide awareness that the CMA is now operational and covers branded medicines as well as generics

Short ads using credible endorsers and discussions in news and public affairs programs are effective channels to reach a large audience within a short time frame as well as improve correct knowledge about key provisions of the Act that are relevant to consumers. This need not be an expensive campaign since the goodwill the mass media exposure would generate will entice credible popular endorsers to participate. Counterpart funding from the private sector, especially the fast-expanding generic drug manufacturers, and companies marketing branded medicines included in the GMAP, can be generated.

2. Information emanating from the Food and Drug Administration on why and how prices of drugs were drastically reduced

This information needs to be included in the communication campaign in order to assuage the public skepticism about the quality of the lower priced drugs. Such information must be packaged in a manner that is easily understood by laymen and counter the common notion that "low price equals low quality and weak potency".

"Ako gusto kong malaman kung bakit naging mura…How did they come up na sobrang baba 'yung price?" ("I want to know why they became cheaper… why such a large reduction") (Group 2, C)

"We really need the explanation so that we can understand what we are talking this day about that law." (Group 3, C)

"Affordable na siya pero mae-ensure ba 'yung quality?...Let's say branded siya, malaking kompaniya siya. May med rep siya, so magbabayad sila doon…Suweldo; sa costing nila dagdag…May nakapaskil ng gobyerno na regulated ang price niya, 'yung med rep sagot na 'yan nila. Wala na akong pakialam. Hindi ko na shouldered ang bayad niyan."
("They are affordable but is the quality assured? Branded comes from big companies… with med reps they employ… their salary is part of the costing…The poster says government regulates the price. The med rep, his salary is no longer part of the cost. I don't care anymore, I don't shoulder his cost.") (Group 3, AB)

3. Information to respond to quality and efficacy issues

The government needs to be able to respond to questions on quality and efficacy of generic drugs effectively considering global news in the international press and social media about events which may confirm doubts about generics, such as news about the expanding supply of and market for counterfeit drugs from emerging markets like India, Nigeria and China (Bate, 2011) and fraudulent practices uncovered in the United States by generic drug manufacturers like Ranbaxy (Bate, 2013). Public affairs programs on TV and radio, and social media can be effectively used for this.Providing the public with DOH hotline contact numbers to respond to their inquires could also be effective.

4. Advocacy Campaign to mobilize the medical community, especially private physicians

The government needs to get the medical community, especially private physicians who continue to have doubts about the quality and efficacy of generic drugs, on its side. Organization of orientations and short seminars on the Act in collaboration with the medical associations andcompanies marketing branded medicines included in the GMAP, would be appropriate and effective channels to mobilize cooperation and support from the medical community. This also conforms to the Act's provision (Section 11) which mandates that the "educational campaigns shall include information on the illnesses or symptoms which each generically named drug is supposed to cure or alleviate, as well as its contraindications".

5. Improved materials on the Act and information on the GMAP in drugstores and orientations among drugstore sales personnel

The concept of putting the list and prices of medications covered by the GMAP in one poster needs to be thought through once again. Supplementary materials could be developed, e.g., one large attractive poster to inform the public about the Act in conjunction with distribution of leaflets containing the GMAP price list. Pins with messages like "Ask me about the Cheaper Medicines Act" could be produced and distributed to drugstore sales personnel to wear. Short orientations on the Act for drugstore personnel will be helpful in promoting cheaper medicines to consumers.(Refer to Annex 3 for sample photos taken by Research Team on how the GMAP posters are posted in selected drugstores.)

RECOMMENDATIONS FROM RESPONDENTS TO EXPAND AWARENESS AND KNOWLEDGE OF CHEAPER MEDICINES ACT

1. Suggestions to Reach Specific Socio-economic Group

<u>To reach Class DE</u>

- Posters everywhere

"Mga health centers…Nakapaskil doon sa mga school kasi mga magulang naghahatid ng mga bata at

To reach Class AB:

- House-to-house distribution of price lists

"Maganda kung lahat ng bahay may ganito (copy of price list)."(good if all houses have this list) (Group 1, AB)

- Deliberate "campaigning", barangay forum, doctors

"'More campaign…Mas magandang ika-campaign talaga para sa mga health center ng mga barangay…Barangay, magkaroon sila ng forum; doon nila i-introduce….Dapat 'yung taga-DOH bumaba sila sa area nila, then pumunta sa mga remote areas…The information should be disseminated by the doctors." (more campaigns …in health centers, barangay forums, DOH needs to go down to the remote areas, doctors need to disseminate) (Group 2, AB)

2. Use of Brief and Catchy Slogans

Class AB respondents suggest using brief but catchy slogans in ads to deliver the law's message more powerfully.

"Highlight 'yung 50% off sa branded medicines." (Group 2, AB)

"(Sabihin) Ang gamot na mahal, kaya na nating bilhin." (Say now you can buy expnsive meds) (Group 2, AB)

2. Specific Information Needed by Respondents on the Act.

- What medicines are covered by the law and why these medicines:

"If that is for everyone." (Group 1, AB)

"Why is it limited to those medicines alone?" (Group 2, AB)

- How the price reductions were arrived at to erase doubts on medicine's quality

"Effective ba siya? Sumobrang baba siya." (Is it effective… since price now too low) (Group 2, DE)

"Gusto kong malaman kung bakit naging mura…How did they come up na sobrang baba 'yung price?" (I want to know why they became so cheap) (Group 2, C)

- Where can the cheaper medicines be found and how can consumers avail of them:

"Para ba 'yan sa lahat ng tao?...Or kailangan ba na may purchased kang card, halimbawa kung kailangan mo na parang may discount card…O kailangan ba i-prove mo muna na you can't afford; you have to prove your status." (Is this for everyone… or do you need a discount card? Or you need to prove you can't afford?) (Group 1, AB)

- What are the rights of consumers under the law:

"'Yung karapatan talaga namin as consumers; what is the benefit?"(what are our rights as consumers?) (Group 2, AB

- How effective are the medicines compared to branded medicines:

"Lahat ba makakabuti sa kalusugan?" (Will all benefit health?)(Group 2, AB)

- What are the prices of the medicines and who are their manufacturers:

"Kung sino 'yung gumawa…'Yung price." (who manufactured… price) (Group 1, AB)

- What are the sanctions, if any, for non-compliance with the law

"Is there any sanction?" (Group 2, AB)

3. The President to Mobilize health centers, barangays, drugstores and health professionals

Respondents suggest a massive information campaign ranging from an announcement by the President of the country to information sharing activities in health centers, barangays, drugstores, by health professionals.

"Sana maipatupad ng President natin. (Dapat niyang gawin) I-announce… Bakit wala masyado nakakaalam?.. Hindi naman namin nararamdaman… Wala sa news." (The President should announce, why does no one know, we cannot feel it) (Group 1, DE)

"Dapat pagbili pa lang, sabihin na agad (ng botika)…Hindi na kailangan pa magtanong." (When one buys in the drugstore, they should say right away, no need for us to ask) (Group 1, DE)

"Dapat naka-post 'yung law sa mga drugstores…saka sa mismong doctor." (The law should be posted in drugstores and in doctors' clinics) (Group 2, C)

"The only way kasi na ma-inform ang patients is through the doctors."(Group 3, AB)

4. Use of Testimonials

"Sana may magpatotoo." (Someone should testify) (Group 1, DE)

5. Dissemination of the GMAP list

Respondents propose expanding the dissemination of the GMAP price lists in all drugstores, public and private hospitals, and health centers, plus flyers in areas frequented by the public.

"Sana may price list ang mga botika na pare-pareho 'yung presyo." (There should be a uniform price list in all drugstores) (Group 1, DE)

"Mga health centers…Nakapaskil doon sa mga school kasi mga magulang naghahatid ng mga bata at makikita nila 'yun… Hospital… laging pinupuntahan ng mga tao na mga market… Simbahan." (Group 3, DE)

"Flyers (sa drugstore)…maiuwi sa bahay at tingnan, basahin." (Flyers that people can bring home) (Group 3, C)

"Dissemination of information to everyone." (Group 2, AB)

6. On the supply side, respondents pointed to the need to ensure sufficient and continuous supply of listed medicines to avoid out-of-stock situations (whether real or artificial).

"Sana available all the time kasi baka mamaya, puro advertisement lang pero sa totoong buhay, wala pala." (I hope the medicines will be available all the time, maybe the ad says so but in real life, nothing) (Group 1, C)

"'Yung supply ng gamot kung available lagi; sasabihin natin sa drugstore pabili ng ganyang gamot, tapos sasabihin wala po." (Supply of meds need to be available all the time, I will say in drugstore, I will buy this medicine then they will say out of stock) (Group 2, AB)

LIST OF REFERENCES

Ball, Douglas and Klara Tisocki. 2009. Medicines Price Components in the Philippines, Health Action Internation, www.haiweb.org.

Bate, Roger. 2011.The market for inferior medicines: Comparing the price of falsified and substandard products with the legitimate medicines in emerging markets. American Enterprise Institute (AEI) Economic Policy Studies WORKING PAPER 2011-05, December 14, 2011.

Bate, Roger. 2013. Cheap Indian generic drugs: Not such good value after all? February 19, 2013. Blogpost.

Blanco, Nathalie. July 28, 2012. Krusada: Cheaper Medicines. Blogpost.

Consumer's Action for Empowerment. June 26, 2012. Survey on Access, Affordability and Availability of Medicines, consumersactionforempowerment.blogspot.com.

Geller, Laurie. Undated. Yourspace. Minot State University, Minot, North Dakota.

Health Action Information Network. 2009. A Survey on Medicine Prices and Availability in the Philippines.

Pacpaco, Ryan. February 22, 2013. Close Monitoring of Cheaper Medicine Law Urged. Journal Online article.

Patton, Michael Quinn. 1989. Utilization-focused Evaluation. California: Sage Publications.

Personal interview with Ms. Luz Barra, Core Team Member, MORES 1SEC Working Committee

Picazo, Oscar. 2011. Review of the Cheaper Medicines Program of the Philippines:Botikang Barangay, Botikang Bayan, P100 Treatment Pack, and the Role of PITC Pharma, Inc. in Government Drug Procurement. Philippine Institute for Development Studies.

Timmermans, Karen. September 2011. The Global Generic Market: Some Data and Comparisons. Presentation during the Second Generic Summit, 7-8 September 2011, Eastwood City.

UN Millennium Development Gap Task Force Report 2012. Millennium Development Goal 8: The Global Partnership for Development: Making Rhetoric a Reality. New York: 2012.

Visayan Daily Star. March 9, 2012. Solons Push Amendment to Cheaper Medicines Law.

Yang Li, Cui Yang, Guo Sufang, Philippa Brant, Li Bin and David Hipgrave. 2013. Evaluation in Three Provinces of the Introduction and Impact of China's National Essential Medicines Scheme. Bulletin of the World Health Organization 2013; 91:184-194.

Zaidi, Shehla, Maryam Bigdeli, Noureen Aleem, Arash Rashidian. 2013. Access to Essential Medicines in Pakistan: Policy and Health Systems Research Concerns. PLOS One, May 2013, Volume 8, issue 5, e63515. www.plosone.org.

Annex 1: FGD Discussion Guide

CHEAPER MEDICINES ACT IMPACT STUDY
FGD GUIDE

I. Warm Up/Introduction

A. Introduce self (moderator) and participants to one another
B. Explain purpose of the FGD
C. Introduce person who will document the FGD and also obtain permission for recording the full discussion. Explain that a tape recording of the session will be done in order to correctly record the responses. This will be kept strictly confidential and no names will be attached to the responses.
D. Read the consent form and reconfirm willingness of participant to join the FGD
E. Request permission to take photos during the FGD session
F. Explain house rules (cellphones on silent mode, one-mouth rule, toilet breaks, etc)

II. Health and Wellness

A. Let us talk about health care for your family.
   Probe on : Where usually go for advice on/treatment of health problems
   Whether or not have a family doctor/specialist one can consult
   Sources of awareness about medicines
   Access to health insurance
   Whether or not taking maintenance medicines; which ones
   For what diseases, whether prescribed by doctor or not
   Where usually buy medicines
   Probe: Government, Private, others
   Why normally go to these sources
   Probe: Geographic access, Availability of medicines, Affordability of medicines

B. Illnesses experienced by your family in the past year
   Probe on : Chronic/long-term vs. acute; how long suffering from chronic illness
   Number of times experienced acute illness in past year
   Profile of household member suffering from illness

C. How dealt with chronic/acute illness
   Probe on : "Tiis"/non-medication vs. self-medication vs. medical supervision
   Alternative remedies (herbal, traditional remedies)

D. Problems/challenges experience in connection with treatment of illnesses
   Probe on : Lack of/poor access to medical attention; substitutes use, if any

E. Problems/challenges experience in complying with/completing the prescribed treatment
Probe on : High cost of medicines; what do to address the problem
Specific types of medicines find as expensive
Other difficulties (boredom/"sawa", forgetfulness)

III. The Financial Cost of Health Care

A. How much usually spend for medicines in one month
Probe on : Are medicines part of the monthly budget or not
Percent share in the monthly budget

B. Personal or family strategies/practices to address the cost of medicines
Probe on : Availing of discounts (senior citizens, other discounts avail of, if any)
Buying medicines by the piece ("tingi")
Use of alternative sources of medicine supply (employee benefit, doctor's samples, etc.)
Use of generics instead of branded medicines; who initiated
Briefly probe on perceptions of generics vs. branded
Apply Philhealth/health insurance policy on reimbursements if any

IV. Knowledge, Attitude and Practice Involving the Cheaper Medicines Act

A. Do you know of any government policies or laws to help consumers afford medicines; what laws do you know
Probe on : Brief understanding of what the law provides
Whether they have seen or heard any information from any government agency (e.g. Dept of Health, Public Information Agency, Dept of Interior and Local Government) related to government order on the prices of medicines
What do they recall seeing or hearing

B. If not mention voluntarily, whether or not heard of the Cheaper Medicines Law
Probe on : Sources of awareness; probe on internet access as may be needed
What know/understand about the Cheaper Medicines Law; what does the law provide; what is it about
What more do you want to know about the Cheaper Medicines Law

C. Since 2009, have you observed or experienced any changes related to the purchase of medicines?
Probe on :Affordability of medicines, cite examples
Availability of medicines in outlets, cite examples
Choices of medicines available, cite examples
Quality/Efficacy of medicines available, cite examples

D. How have these changes related to purchase of medicines affected you and your family?
   Probe on : Any positive effects
   Any negative effects
   Effects on household expenditures
   Effects on compliance with doctor's prescription
   Effects on completion of treatment

E. Explain briefly about the Cheaper Medicines Law and specific provisions
   Probe on: Information on a copy of the Order of the President having the authority to regulate the prices of drugs and medicines found in drug outlets
   Information provided by government on the list of selected drugs and medicines subject to price regulation
   Maximum retail price printed on labels of medicine containers or packs with the words "Retail Price Not to Exceed" and "Under Drug Price Regulation" on a red strip; show comparative prices
   Doctors prescription of medicines using generic name
   Provision of information of drug outlets about any and all other drug products having the same generic name with corresponding prices so the buyer can adequately exercise his/her option
   Label on generic drug with the following statement: "The product has the same therapeutic efficacy as any other generic product of the same name. Signed: BFAD"

   Positive and negative comments on the Cheaper Medicines Law overall and on specific provisions; are the drugs covered by the law responsive to your needs; is there need for the government to do another round of price cuts for certain medicines, which medicines?

   What were their experiences related to Cheaper Medicines Law and specific provisions (apart from what were earlier mentioned)
   Probe on positive/negative experiences

   For those not aware, how will this new knowledge related to the Cheaper Medicines Law affect your future purchase of medicines?

V. Wrap Up

A. Any additional comments
B. Thank respondents and hand out tokens of appreciation

Annex 2: FGD Consent Form

CHEAPER MEDICINES ACT IMPACT STUDY
INTRODUCTION AND INFORMED CONSENT

Good morning/afternoon, my name is _____. We were commissioned by the Philippine Institute of Development Studies to conduct a small group discussion among 6 to 8 females, age 30-60 years old, who are most knowledgeable and makes the decisions on the health care and costs of health treatment in the family. We want you to share with us your experiences on these topics. The information you will provide can help us better understand about people's health concerns and how they address the cost of medicines.

The group discussion will take around an hour and your responses will be used for research purposes, and will not to be disclosed to others. Participation in the group discussion is completely voluntary.

We hope you will participate actively during the group discussion since your views are important for us. The group discussion will not give any direct benefit to you but as a whole the results of the discussion will provide inputs that can help the Department of Health improve its services in terms of access to affordable medicines for Filipinos.

Whatever information you provide will be kept strictly confidential and will not be shown to persons not associated with this study. Also, no identifying information about you will be kept in the group discussion responses, including this consent.

Please let me know if anything I have stated is not clear and I will be happy to explain it further to ensure you understand. If you wish to ask questions later and discuss this research activity, you may contact Ms. Nina de la Cruz, Philippine Institute of Development Studies (PIDS), tel: 893-9575 to 77.

Signing this consent form indicates that you understand what will be expected of you and are willing to participate.

Read by Respondent [ ] Read by Interviewer [ ]

Agreed and Signed [ ] Refused [ ]

Respondent: _____
Printed Name and Signature

Interviewer: _____ Date: ___/___/___
Printed Name and Signature

Annex 3: Sample Photosof GMAP Posters in Selected Drugstores