

# **IMPACT EVALUATION OF THE EXPANDED SENIOR CITIZENS ACT OF 2010 (REPUBLIC ACT 9994) ON DRUG ACCESSIBILITY AMONG THE ELDERLY**

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## **ABSTRACT**

This study provides understanding of the current implementation of the law. The general objective is to determine the impact of the Expanded Senior Citizens Act of 2010 on drug accessibility among the elderly.

The study involved a descriptive, cross-sectional design. There were two major methods of data collection: survey of 775 senior citizens and thirty six (36) drug outlets, and key informant interview of representatives of pharmacy associations and pharmaceutical industry.

Majority of senior citizens who participated in the study were female (64%), married (52.65%), and had some elementary education (20.52%). For the pharmacy outlets covered, majority of the interviewed personnel were female (80%), single (47.22%), and completed college education (50%).

Thirty eight percent (38%) of the senior citizens were not aware of the law but 90% knew about the 20% discount provision and 54% knew about the 12% VAT exemption. Half (50%) of the senior citizens interviewed asked for the 20% discount all the time when they buy their medicines. However, only half of them were given full 20% discount every time they ask for it, and 32% were given the 12% VAT exemption. As a result, less than half (48%) of the respondents were able to buy all their medicines.

Majority (89%) of the key informants claimed that not all pharmaceutical companies are able to provide their share in the 20% discount as mandated by the law. Seventy five percent (75%) of the drug outlets claimed to have provided the mandated 20% discount, while half (50%) of them claimed to have provided the 12% VAT exemption.

The privileges stated in the law are not fully realized by its beneficiaries either due to their lack of awareness or noncompliance of drug outlets. From the perspective of the retailers and manufacturers, much has to be improved in its implementation to make it satisfactory.

There is a need to review of the guidelines and mechanisms of compulsory rebates in the burden sharing of discounts among retailers, manufacturers and distributors. Information dissemination on the law among senior citizens may prove to be beneficial.

## **EXECUTIVE SUMMARY**

### **INTRODUCTION/BACKGROUND**

As of 2010, the Philippines had 6.3 million people aged 60 years and older who accounted for 6.8% of the country's total population. It is estimated that in the year 2020, this will rise to 10.2%. Elderly persons, as compared to younger individuals, are more likely to have health shocks, cost-intensive chronic illnesses, and higher probability of living with severe functional limitations. This situation is aggravated by the fact that they, too, are frequently economically vulnerable and at higher risk of poverty, as disposable income decreases with age (Scheil-Adlung & Bonan 2012). Given that medicine prices in the Philippines are considered too high compared to neighboring Southeast Asian countries (Batangan 2005) and that the rapid growth of this elderly segment is expected to continue in high rate, it is very important to develop programs and services that can address their needs for medicines and other health commodities.

In 2010, Republic Act 9994, also known as "The Expanded Senior Citizens Act of 2010", was signed into law. It was in this law that Section 4 of Republic Act No. 7432, as amended by Republic Act No. 9257, otherwise known as the "Expanded Senior Citizens Act of 2003", was further amended. Senior citizens are now entitled to the grant of twenty percent (20%) discount and exemption from the value-added tax (VAT), if applicable, on the sale of medicines, including influenza and pneumococcal vaccines, and such other essential medical supplies, accessories and equipment to be determined by the Department of Health (DOH).

### **OBJECTIVES**

The general objective of the study is to determine the impact of the Expanded Senior Citizens Act of 2010 on drug accessibility among the elderly. Specifically, it aims to: a) describe the general practice of pharmacy outlets and the pharmaceutical industry in fulfilling the provisions of the Expanded Senior Citizens Act in terms of providing discounts and burden-sharing; b) determine the effects of the Expanded Senior Citizens Act among the elderly in terms of their: economic ability to purchase prescribed medicines, adherence to prescribed therapeutic regimens, and utilization of privileges related to purchase of medicines; and, describe the level of satisfaction with the provisions of the law and its implementation among: elderly, pharmacy operators/pharmacists, and members of the pharmaceutical industry.

### **METHODOLOGY**

The study involved a descriptive, cross-sectional design. There were four groups of respondents: a) elderly; b) pharmacy operators/pharmacists; c) pharmaceutical industry representatives; and, d) officers of pharmacy-related professional societies. The study sites for the regional respondents included two provinces/cities each in Luzon (Manila and Pampanga), Visayas (Iloilo and Bacolod City),

and Mindanao (Cagayan De Oro City and Iligan City). For each province/city, two municipalities/barangays were stratified randomly selected using income class (i.e. Class 1-2 and Class 3-5) as stratification variable. There were two major methods of data collection: survey and key informant interview. Mystery buyers were fielded to some sub-sample of pharmacy outlets.

## **SIGNIFICANT FINDINGS/RESULTS OF THE STUDY**

There were a total of 775 senior citizens in the study (required sample size is 600). There were a total of thirty six (36) drug outlets: ten (10) independent, four (4) small chain (with 2-3 branches), two (2) medium chain (with 4-10 branches), and eleven (11) large chain (more than 10 branches). Key informants included all heads of local chapters of pharmacy professional association in provinces/cities covered, presidents of the national association of pharmacists and hospital pharmacists, and representatives of two major organizations of the pharmaceutical industry.

Majority of senior citizens who participated in the study were female (64%), married (53%), had some elementary education (21%), Catholic (88%) and live with their children (66%). The average household size is five. Majority (46%) were self-employed earning an average of about PhP4,800 per month and owned the house where they live (74%). Self-employment was higher in the Visayas (54%) and Mindanao (45%) provinces compared to Luzon (40%). Respondents from Luzon received higher incomes, retirement benefits or children's support as compared to those from other areas.

Of the 36 pharmacies included in this study, majority (53%) of which were independent pharmacies. On the average, these pharmacies are open seven (7) days a week on 15-hour-per-day operation. They serve 200 prescriptions per day. Data revealed that pharmacies located in Mindanao serve more prescriptions as compared to those pharmacies located in Luzon or Visayas. Of these prescriptions, only about 27 on the average are for the senior citizens. In terms of number of senior citizens served per day, pharmacies in Luzon serve the most number (about 50) compared to Visayas and Mindanao. Majority of the interviewed personnel were female (80%), single (47%), Catholic (86%) and completed college education (50%). The average age of the pharmacy personnel interviewed is 36.

*Specific Objective No. 1: To describe the general practice of pharmacy outlets and the pharmaceutical industry in fulfilling the provisions of the law in terms of discounts and burden-sharing*

Seventy five percent (75%) of the pharmacy outlet respondents claimed that they provide the mandated 20% discount. In outlets where this is not fulfilled, discounts provided range from 2 to 15% depending on whether the prescribed medicine is an over-the-counter or prescription drug, or whether it is branded or generic. Only 50% of all outlets were able to provide the 12% VAT exemption. This is supported by the finding that only four (57%) of the seven informants representing associations of pharmacists said that drug outlets are able to comply with this provision. The type of pharmacy appeared to be a significant factor associated with the provision of the discount and VAT exemption. The medium and large chain drugstores were able to provide both the discount and exemption but not the independent drugstores. Independent pharmacy outlets often mention to patients that they do not have stocks, and in many instances, refer patients to the big chain drugstores. It is interesting to note that pharmacy personnel in small independent drugstores referred

the simulated clients to large chain drugstores instead of accommodating them especially if they demand for the 32% total discount as mandated in the law.

While 67% of the interviewed pharmacy personnel expressed that the law did not adversely affect their operations, more than 20% claimed that it has somehow slowed down their operations because of the checking and verification of documents provided by the customers. The documents required by pharmacies to avail of the privileges include senior citizen's ID, booklet, prescription and authorization letter just in case the senior citizen will not be able to buy the medicines himself/herself. Fifty eight percent (58%) of the pharmacies indicated that they have mechanisms in place to monitor or avoid abuse of these discounts among their customers. Likewise, more than half of the respondents revealed that the provision of the benefits of this policy decreased their sales and income despite the increase in the number of senior citizens served.

Even with the privileges, forty two percent (42%) of the all personnel interviewed said that senior citizens are still not able to buy their medicines completely because of lower incomes (or limited financial ability) and higher costs of medicines. However, personnel from large chain drugstores perceived that more than 80% of the senior citizens are now able to purchase their medicines as a result of the policy.

Majority of the key informants (89%) said that pharmaceutical companies are not able to provide their share in the 20% discount as mandated by the law. It is important to note that all the eight key informants representing local and national associations of pharmacists indicated that such is the case. From them, it is a common theme that only some pharmaceutical companies completely provide their share in the 20% discount. Other mechanisms (e.g. big discount, consignment, rebates) that can further support drugstores in providing discounts are made available, however, more evidently in big chain drugstores. One pharmacist informant mentioned that the requests for reimbursements are a bit delayed because the retailers do not often have the proper documentation and are not enabled by simple tools that can facilitate requests.

An informant from the pharmaceutical industry explained how that drug outlets bill the companies for the Senior Citizens Discounts (SCD). A standard SCD support is granted to community pharmacies without need for substantiation. Further claims need to be supported with data/ reports as required by law. On the other hand, all claims from hospital pharmacies need to be substantiated by data/reports prior to payment. For many multinational pharmaceutical companies, there is a strict finance audit when drugstores bill members for SCD payments. The other industry informant however raised that companies selling generic medicines are able to support more drugstores in this area as the prices of their medicines are low which allows drugstores to mark-up the selling price substantially which makes provision of the full 20% discount possible at the point of sale. This is not possible for branded medicines whose list prices are already quite high.

Some of the problems encountered in the implementation of the Expanded Senior Citizen's Act of 2010 as mentioned by the pharmacist informants are the following: (1) since most of the small drugstores cannot afford to give the full SCD, many of them do certain schemes to get around the law. Some jack up the price in such a way that discounting would bring the price back to its original

retail price. Some claim that they have no stocks available and refer clients to big chain drugstores; and, (2) many retailers had problems with the originally proposed tax deduction scheme, which many were not able to enjoy. This led to them bearing the costs of discounts as part of their own operations.

From the perspectives of informants representing the pharmaceutical industry, the following are the identified problems: (1) unclear and conflicting interpretation of the SCD sharing mechanism resulting to claims abuses; (2) syndicated abuse in the SC Card issuance; (3) no credible SC population database; (4) 12% input VAT loss for the retailers may push retailers not sell to senior citizens or increase claims to suppliers; and, (5) no clear tax credit incentive given by the Bureau of Internal Revenue (BIR) for the additional subsidy for those retailers and manufacturers carrying this additional cost.

*Specific Objective No. 2: To determine the effects of the law among the elderly in terms of their ability to purchase, adhere to prescribed medicines, and utilize the privileges set by the law*

Thirty eight percent (38%) of the elderly respondents claimed that they are not aware of the Expanded Senior Citizens Act of 2010. However when asked about their awareness of specific provisions like 20% discount on medicines, 90% admitted knowledge. Only 54% however knew about the 12% VAT exemption. Between sexes and among the different civil status, the awareness of the policy or its provisions was not significantly different. However, awareness was observed to be consistently low among respondents who did not have schooling beyond elementary education as well as among respondents from Pampanga. In contrast, awareness of the policy and its provisions were consistently higher in the Visayas provinces (Iloilo and Negros Occidental).

In terms of utilization of these benefits, only 50% admitted availing of the 20% discount while only 32% said they were given 12% VAT exemption every time they purchase their medications. Availment by senior citizens and actual provision by drug outlets of the 20% discount were consistently lower in Lanao del Norte, Misamis Oriental and Pampanga. Across study sites, provision of the 12% VAT exemption was less than 50%, with Pampanga having the lowest provision rate at 12.5%. Awareness of the policy seems to play a significant role in the availment by senior citizens and actual provision by drug outlets of the discount and exemption. There was a significantly higher proportion of respondents who were aware of the provisions that were given the 20% discount all the time (53%) and the 12% VAT exemption (49%). Similarly, the proportion of individuals who are given the discount and tax exemption all the time is lower among those respondents who did not have schooling beyond elementary education.

Of all the senior citizens surveyed, less than 50% indicated that they were able to buy all their medications. The proportion was even lower in the Mindanao provinces where only 36% admitted being able to buy all needed medications because of the discounts provided. This was lowest In Lanao del Norte at 27%, and highest in Iloilo at 66%. The proportion of individuals who are able to buy all medications needed is also lowest among respondents who did not have schooling beyond elementary education.

Adherence to regimen as a result of the provisions of the law was at a low 54%. Adherence was observed to be highest in the NCR at 67% and least in Pampanga at 41%. Adherence was likewise observed lower among respondents who did not have schooling beyond elementary education.

*Specific Objective No. 3: To describe the level of satisfaction with the provisions of the law and its implementation among elderly, pharmacy operators/pharmacists, and members of the pharmaceutical industry*

Among the senior citizen respondents, more than 90% rated the implementation of the law as average to very satisfactory for the 20% discount but only 69% for the 12% VAT exemption. Across educational levels, respondents were likewise more satisfied with the implementation of the 20% discount than the 12% VAT exemption. Seventy four percent (74%) indicated that the policy is able to address the issue of accessibility of medicines among the elderly. The rating was observed to be highest in the NCR at 81.5% and lowest in Pampanga at 61.4%. Across educational levels, majority of the respondents (64% to 86%) likewise agreed that the Expanded Senior Citizens Act addresses the issue of accessibility among the elderly. Majority suggested increasing discounts and strict implementation as recommendations in order to improve policy

For the pharmacy operators, the average satisfaction rate given was about 6 (of a perfect 10). Luzon pharmacy personnel rated the policy slightly higher at 6.42 compared to their counterparts in Visayas (5.33) and Mindanao (6.17). Personnel from medium chain and independent drugstores gave low satisfaction ratings of 5.5 and 5.6, respectively.

The average general satisfaction rating for the law of all the seven pharmacist key informants was about 5 (of a perfect 10). Majority (71.43%) of the pharmacist informants indicated that drugstores experienced decrease in sales and loss in profit. One informant even said that there is no income in senior citizen transactions, only expenses. There is a diverse response from pharmacist informants when asked if they have more senior citizen clients after the passage of the law. Majority (42.86%) said that there was an increase, while two (28.57%) said there is no significant change. The other two (28.57%) informants mentioned that smaller drugstores lose clients because they are somewhat forced to refer their clients to big chain drugstores as these can provide full discounts to the senior citizens. However, majority (57.14%) felt that in general there are more senior citizens now being able to purchase their medicines with the 20% discount and 12% VAT exemption.

Finally, the average general satisfaction rating for the law of the two informants from the pharmaceutical industry is about 6 (of the perfect 10). One respondent from the pharmaceutical industry, representing mostly multinational companies, told that the law has also brought high levels of uncertainty both for their sales and income. This is because of several factors: (1) There is no way for suppliers to fully validate each retailer transaction to a supposedly SC customer whose cards are issued at the level of the local government unit; (2) There is ever increasing and inconsistent amounts/levels of SCD claims; (3) The amount being claimed by some retailers is geared towards protecting their large profits wherein the basis of claims is the final price to patients which include the retailer's mark-up; and, (4) The amounts of SC discounts being claimed indicates that the senior citizen population in the Philippines seems to be at 60% which is not supportive of the government



data as indicated at the National Statistics Office. Undoubtedly, it is an additional cost of doing business and therefore, increases operational costs in the market. This creates a disincentive for increased investments in the Philippines. The cost of the SCD annually is significant that it can be converted instead by companies to hire more employees, expand benefits or increase investments in the country via business expansion.

The unclear formula and inequitable sharing of the SCD cost between retailers and manufacturers has led to the higher burden of cost carried by the manufacturers. There is also no clear tax credit incentive given by the Bureau of Internal Revenue (BIR) for this additional subsidy for those retailers and manufacturers carrying this additional cost. According to the same respondent, while not its intent, the law brought irritation and animosity between suppliers and retailers brought about by varying and opposing interpretations of the burden sharing. A huge amount of time is spent operationally in explaining to some retailers why their SCD claims are not valid which usually end up in debates and arguments. Just like in community drugstore operations, there is likewise drastic increase in the tedious and time-consuming administration work not only in recording retailer SCD claims but in efforts to validate accuracy and authenticity for each claim. Most community pharmacies do not have point-of-sale systems necessary to efficiently aggregate SCD claims data. In some cases, senior citizen discounts are budgeted even for products that are not meant for senior citizens because it is administratively easier to implement an across-the-board SCD allowance process.

## **LIMITATIONS OF THE STUDY/ISSUES AND PROBLEMS ENCOUNTERED**

This study may not be able to present adequately the general situation in the Philippines. The number of pharmacies is not large enough to be able to exhaustively list issues and problems related to the law. Most of the time there was no pharmacist present; thereby the data generated were from pharmacy staff whose knowledge of the entire business operation may be limited. Some staff were very hesitant to be interviewed claiming that their supervisors would not allow them.

## **CONCLUSIONS**

Not all pharmacies are providing the mandated 20% discount and the 12% VAT exemption to senior citizen clients. Large chain drugstores were observed to be especially compliant to the mandated provisions due to the arrangements afforded to them by the drug companies. As a result, it can be observed that more senior citizens avail their medicines in large chain drugstores.

Many elderly respondents are still not fully aware of the law, especially on the 12% VAT exemption. Given these, half of the senior citizens still do not actively avail of these privileges and only less than half are able to buy all their medications, compromising patient adherence. Despite these, majority rated the implementation of the law as average to very satisfactory.

As for the pharmacy outlets, few claimed that the law has somehow slowed down their operations due to the additional steps for verification and documentation. More than half of the respondents

revealed that the law has caused them to lose sales and income. While more senior citizens now can actually buy all their needed medications, many pharmacy outlets believe that senior citizens generally are not able to buy their medicines because of lower incomes and high costs of medicines even with discounts. Both pharmacist and pharmaceutical industry informants raised concerns regarding the implementation of the law, arguing that many administrative issues are needed to be clarified and streamlined in order for both the drug retail sector and the pharmaceutical industry to optimize their participation in the law to serve the elderly sector without compromising their economic interests and business viability.

## **RECOMMENDATIONS**

The glaring information that not all outlets are providing the mandated discount and tax exemption provide a signal for careful review on what prevents the outlets from dispensing these privileges. The inability of the drug outlets may mean a gap in terms of who should really carry the cost of discounting and exemption. If the schemes for burden sharing remain unclear, the usual profit margins of drug outlets (usually up to 10%) will not be able to sustain the outlets in fully providing what is in the law. Clearer guidelines and massive information dissemination campaign on this area is needed. Subsequent monitoring is essential.

Since many senior citizens are still not fully aware of the law and its provisions, a wider information dissemination campaign is warranted. Given the inability of many senior citizens to purchase their medicines in spite of all these privileges, it is also interesting to determine if the increase in the purchasing power of the elderly sector is in terms of allowing even the poorer senior citizens to avail their medicines, or just allowing the previously financially capable elders to enjoy discounts. This is important since the law was designed to empower a broader patient base.

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## TERMINAL REPORT

### Introduction

As of 2010, the Philippines had 6.3 million people aged 60 years and older who accounted for 6.8% of the country's total population. It is estimated that in the year 2020, this will rise to 10.2%. The ageing index in 2010 was computed to be 20.3% which means that there is one person aged 60 years and over for every five children under 15 years. (NSO 2012) Elderly persons, as compared to younger individuals, are more likely to have health shocks, cost-intensive chronic illnesses, and higher probability of living with severe functional limitations. This situation is aggravated by the fact that they, too, are frequently economically vulnerable and at higher risk of poverty, as disposable income decreases with age (Scheil-Adlung & Bonan 2012). Given that medicine prices in the Philippines are considered too high compared to neighboring Southeast Asian countries (Batangan 2005) and that the rapid growth of this elderly segment is expected to continue in high rate, it is very important to develop programs and services that can address their needs for medicines and other health commodities.

In 2010, Republic Act 9994, also known as "The Expanded Senior Citizens Act of 2010", was signed into law. It was in this law that Section 4 of Republic Act No. 7432, as amended by Republic Act No. 9257, otherwise known as the "Expanded Senior Citizens Act of 2003", was further amended. Senior citizens are now entitled to the grant of twenty percent (20%) discount and exemption from the value-added tax (VAT), if applicable, on the sale of medicines, including influenza and pneumococcal vaccines, and such other essential medical supplies, accessories and equipment to be determined by the Department of Health (DOH). However, the general perception, including those of the senior citizens themselves, apparently shows that the law has not been effectively implemented and at certain instances, ran counter to improving access to medicines of this segment of the population. The full impact of this law on the different stakeholders has yet to be established.

Given that the monitoring of the implementation is assured by the Act, the study provides understanding of the current status of implementation of the law, most importantly in determining how such law affects the different stakeholders. As may be prompted by the study findings, present and future government-initiated programs targeting senior citizens and other vulnerable sectors of the society, especially in the area of access to essential medicines may be better designed through evidence-guided refined policy-making.

This study also offers insights to various other organizations and enables them to modify and improve their welfare projects for the elderly. All of these are in consideration that the increase in the elderly population at present is critical, and will provide a major challenge to both the government and the general public in the near future. Although this study was done in the Philippines, it outlines lessons also for other countries in determining how specific interventions like enacting and implementing medicines-related policies affect actual access to essential medicines of the population.

## **Literature review**

At the global scale, the population of the elderly is increasing considerably faster than the general population at two percent (2%) annually. In 2025, it is projected that fifteen percent (15%) of the world's population will be aged sixty and above (Shanghai Implementation Strategy 2002). In 2002, the Second World Assembly on Aging described the current demographic situation of population aging as unprecedented, pervasive profound and enduring. Its impact goes beyond health to affect economics, human interactions, family dynamics and even politics. Even in developed countries, demographic changes such as ageing including all of the related expenditures on health and long-term care are a source of concern (Scheil-Adlung & Bonan, 2012). In 2004, the estimated population of persons aged at least sixty years old in the Philippines totalled to more than 5.7 million which accounted for 6.9% of the total population (Coalition of Services of the Elderly, 2005; (Lerdkulladilok 2008). However, this number is growing at a faster rate than in many other countries and is expected

to increase to 18.1 percent of the total population, or exceed 11.1 million by 2025 (Scheil-Adlung & Bonan, 2012). In the Philippines, significant concerns of the elderly have only recently been offered serious consideration because of the prevailing view that the local population is generally a young one (Carlos, 1999).

Over the years, much about how demographic ageing impacts on public expenditure have been studied (European Commission, 2009) while little effort has been given to understand the economic consequences of demographic changes for individuals, households and communities, most especially the elderly. With ageing, substantial increases in health care spending are anticipated. In 1994, it was estimated that 18.7% of all health expenditures was attributed to the elderly even though they constituted only about 5.5% of the population (Russo, 2003). In 2004, health expenditure of the elderly was projected to increase to 23.5% in 2010 and 29.5% in 2020. Of this total health expenditure, drugs comprise 18 to 21%. (Mason, 2004)

Compared to younger individuals, older persons are more likely to experience health shocks, cost-intensive chronic illnesses, and higher probability of living with severe functional limitations. As people age, their bodies undergo changes which can make them less resistant to infections and other disabling conditions. Other unique circumstances among the elderly are their economic vulnerability and higher risk of poverty, as disposable income decreases with age. Poverty is perceived as an obstacle to a secured old age (Scheil-Adlung & Bonan, 2012; Carlos, 1999). The increasing demand for health might create a significant financial burden for the elderly if related costs are not covered by social protection systems. In other settings, it was found out that lower access to medicines was associated with functional dependence and chronic illness, both of which are often experienced by the elderly. On the other hand, access to medicines through national health programs was associated to lower schooling, lower income, more chronic diseases, and lack of private health insurance (Aziz, 2011). These only suggest that when opportunities for access are created, the elderly will avail of such in order to positively affect their health conditions.



Several legislations and programs have been made so far in the country to address the predicament of the elderly sector. One of which is the Republic Act 9994, otherwise known as the Expanded Senior Citizens Act of 2010. Its legislation and implementation are assured by the 1986 Philippine Constitution, which provides that “The state shall promote a just and dynamic social order that will ensure the prosperity and independence of the nation and free the people from poverty through policies that provide adequate social services, promote full employment, a rising standard of living, and an improved quality of life for all”. Article 13, Section 11 also provides that “The state shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and social services available to all people at affordable cost. There shall be priority for the needs of the unprivileged, sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers”. Finally, Article XV, Section 4 also stipulates that “The family has the duty to care for its elderly members although the State may also do so through just programs of social security”.

## **Objectives**

The general objective of the study is to determine the impact of the Expanded Senior Citizens Act of 2010 on drug accessibility among the elderly. Specifically, it aims to: a) describe the general practice of pharmacy outlets and the pharmaceutical industry in fulfilling the provisions of the Expanded Senior Citizens Act in terms of providing discounts and burden-sharing; b) determine the effects of the Expanded Senior Citizens Act among the elderly in terms of their: economic ability to purchase prescribed medicines, adherence to prescribed therapeutic regimens, and utilization of privileges related to purchase of medicines; and, describe the level of satisfaction with the provisions of the law and its implementation among: elderly, pharmacy operators/pharmacists, and members of the pharmaceutical industry.

## **Methodology**

### *Research Design*

The study involved a descriptive, cross-sectional design using both qualitative and quantitative modes of data collection.

### *Study Population*

There were four groups of respondents: a) elderly or their caregiver if they have physical/mental limitations; b) pharmacy owners/managers/pharmacists of selected pharmacy outlets; c) officers from the pharmaceutical industry (i.e. the Philippine Pharmaceutical Healthcare Association of the Philippines (PHAP) and the Philippine Chamber of Pharmaceutical Industries (PCPI)); and, d) leaders from the national office and local chapters of pharmacy-related professional societies (i.e. Philippine Pharmacists Association (PPhA), and Philippine Society of Hospital Pharmacists (PSHP)). .

The study sites for the regional respondents namely, officers of local chapters of pharmacy-related professional societies, independent pharmacy outlet owners/managers/pharmacists and elderly respondents, included four regions, one in each major island group (i.e. Luzon, Visayas, Mindanao) and the National Capital Region (NCR). There were two randomly selected provinces/cities in each region (i.e. Manila in NCR, and Pampanga for Region 3 in Luzon; Iloilo and Bacolod for Region 7 in Visayas; and, Cagayan De Oro and Iligan City for Region 9 in Mindanao). For each province/city, two municipalities/barangays were randomly selected. The municipalities were stratified randomly selected using income class (i.e. Class 1-2 and Class 3-5) as stratification variable.

For the pharmacy outlets surveyed, there were seventeen chain drugstores of varying sizes, and nineteen independent drugstores. Mystery buyer was posted in some sub-sample of pharmacy outlets.

The sample size for the elderly respondents was computed using the formula for estimation of proportions, with a 95% confidence level, assuming 50% availment of discounts and maximum tolerable error of 4%. The total sample size computed was 600 senior citizens. This required at least fifty senior citizens surveyed in each municipality/barangay.

#### *Data Collection Tools*

There were three methods of data collection, namely: survey, key informant interview, and observation. A structured questionnaire served as an instrument for the survey while an interview schedule was used for the key informant interviews. An observation checklist was used by mystery buyers. All participants in the study were asked for an informed consent.

The Data Collection Matrix below shows the different variables/indicators, sources of data and methods of data collection for each specific objective.

Specific Objective	Objectively Verifiable Indicators	Source of Data	Methods of Data Collection
1. Profile of elderly	<ul style="list-style-type: none"> <li>• Gender</li> <li>• Age</li> <li>• Marital status</li> <li>• Education</li> <li>• Religion</li> <li>• Ethnicity/IP Affiliation</li> <li>• Income/Financial Support</li> <li>• Financial support for medicine</li> <li>• Ownership of properties</li> <li>• Household size</li> <li>• PhilHealth membership</li> <li>• Availment of medicines through PhilHealth</li> </ul>	Elderly/caregiver	Survey by interview
2. To describe the general practice of pharmacy outlets, the pharmaceutical industry and professional societies in fulfilling the provisions of the Expanded Senior Citizens Act in terms of providing discounts and burden-sharing	<ul style="list-style-type: none"> <li>• Awareness/attitude on/towards Expanded Senior Citizens Act of 2010</li> <li>• Provision of discounts               <ul style="list-style-type: none"> <li>a. 20% discount</li> <li>b. 12 % VAT exemption</li> <li>c. drugs covered</li> </ul> </li> <li>• Requirements/procedures followed               <ul style="list-style-type: none"> <li>a. Granting of discounts/VAT exemption</li> <li>b. Monitoring to avoid abuse</li> </ul> </li> <li>• Effects of Expanded Senior Citizens Act of 2010 on:               <ul style="list-style-type: none"> <li>a. Operations including Inventory</li> <li>b. Sales</li> <li>c. Mark-up and income</li> </ul> </li> </ul>	<p>Pharmacy owners/managers/pharmacists</p> <p>Officers from the pharmaceutical industry (PHAP and PCPI)</p> <p>Officers from the professional</p>	<p>Key informant interview</p> <p>Key informant interview</p> <p>Key informant</p>

	<ul style="list-style-type: none"> <li>d. Number of senior citizens served</li> <li>e. Percentage of senior citizen clients served</li> <li>f. Purchasing power of senior citizens</li> </ul> <ul style="list-style-type: none"> <li>• Problems encountered in the implementation of the Expanded Senior Citizens Act of 2010</li> <li>• Recommendations/solutions to problems/ improvement of the Expanded Senior Citizens Act of 2010</li> </ul>	societies-national office and local chapters (PPhA and PSHP)	interview
3. To determine the effects of the Expanded Senior Citizens Act among the elderly in terms of their: a) economic ability to purchase prescribed medicines; b) adherence to prescribed therapeutic regimens; and c) utilization of privileges related to purchase of medicines	<ul style="list-style-type: none"> <li>• Prescribed medications for current illness</li> <li>• Ability to purchase medications</li> <li>• Adherence to prescribed medications</li> <li>• Reasons for non-adherence</li> <li>• Awareness on Expanded Senior Citizens Act of 2010</li> <li>• Availment of 20% discount/12% VAT exemption</li> <li>• Reasons for non-availment</li> <li>• Documents required for availment</li> <li>• Effect of Expanded Senior Citizens Act of 2010 <ul style="list-style-type: none"> <li>• Price of medicines</li> <li>• Ability to purchase prescribed medications</li> <li>• Adherence to prescribed medications</li> </ul> </li> <li>• Recommendations to improve the implementation of the Expanded Senior</li> </ul>	Elderly/caregiver	Survey by interview

	Citizens Act of 2010		
4. To describe the level of satisfaction with the provisions of the law and its implementation: a) among the elderly; b) among pharmacy operators/pharmacists; and, c) among members of the pharmaceutical industry	<ul style="list-style-type: none"> <li>• Satisfaction with Expanded Senior Citizens Act of 2010/ Reasons for dissatisfaction</li> <li>• 20% discount</li> <li>• 12% VAT exemption</li> </ul>	<p>Elderly/caregiver</p> <p>Pharmacy owners/managers/ pharmacists</p> <p>Officers from the pharmaceutical industry (PHAP and PCPI)</p> <p>Officers from the professional societies-national office and local chapters (PPhA, PAPPI, PSHP, DSAP, CPAP)</p>	<p>Survey by interview</p> <p>Key informant interview</p> <p>Key informant interview</p> <p>Key informant interview</p>

### *Data Processing and Analysis*

The data processing included field and central editing. There was a system in place for validation to ensure completeness, accuracy and consistency of collected data. All research personnel, most especially data collectors, were oriented with the objectives and tools of the research and trained on data collection process.

Data gathered from the survey were encoded using Microsoft Excel. The encoded data were converted for analysis in Stata 12.0 using Stat Transfer version 9. Descriptive statistics such as counts, relative frequencies in percentages, means and standard deviations were determined. Data gathered from key informant interviews were analyzed through content analysis.

### *Work Plan Schedule*

<b>Activity</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
Consultation with NCPAM, Office of the Senior Citizens Affairs (OSCA) and other stakeholders												
Recruitment of research staff and consultants												
Preparation of study protocols												
Coordination with consultants and setting of appointment with key informants												
Training of data collectors												
Pre-testing of instruments/tools												
Revision of instruments/tools												
Conduct of key informant interviews												
Transcribing of interviews												
Content analysis												
Conduct of survey among pharmacists/pharmacy operators												
Conduct of survey among senior citizens												
Checking and encoding of forms												
Data analysis												
Report writing												
Presentation of results												
Revising the report												
Submission of final report												

### *Ethical Clearance*

This study was guided by the National Ethical Guidelines for Health Researches (i.e. Ethical Guidelines for Social Research and Ethical Guidelines for the Conduct of Research on Specific Population-Older Persons). This proposal including the collection tools and informed consent form was submitted to and approved by the National Ethics Committee (NEC). Contact details of the study proponents, the NEC chairperson and the NEC secretariat were provided to all respondents for any concern regarding the study.

All respondents were oriented on the objectives of the study, including its benefits and risks. Their participation was strictly voluntary. They were notified that they can withdraw from the study at any point in time without any effect on their access to health care services. All individual data were treated with confidentiality, and without direct attribution to the respondents. Data were analyzed and presented in aggregate.

### **Research Results**

There were a total of 775 senior citizens in the study. There were a total of thirty six (36) drug outlets: ten (10) independent, four (4) small chain (i.e. those with 2-3 branches), two (2) medium chain (i.e. those with 4-10 branches), and eleven (11) large chain (i.e. those with more than 10 branches). Key informants included all heads of local chapters of pharmacy professional association in provinces/cities covered, presidents of the national association of pharmacists and hospital pharmacists, and representatives of two major organizations of the pharmaceutical industry.

#### **A. Senior Citizens**

Majority were female, married, with elementary education, catholic and live with their children (Table 1). On the average, there were about five (5) people in the household. Majority were self-employed earning an average of about PhP4,800 per month and usually owned the house where they live. Self-



employment was especially higher in the Visayas and Mindanao provinces. The senior citizens in the Luzon provinces received higher incomes or retirement benefits or children's support as compared to those from the Visayas or Mindanao provinces (Table 1).

More than 70% of the respondents indicated that they are currently experiencing medical problems. The top three medical conditions mentioned were hypertension (44.3%), diabetes (18.3%) and arthritis (16.6%). About 65% claimed that they consulted a physician regarding their medical conditions. Seventy percent (70%) of the respondents admitted taking medications for their health problems although only 79% mentioned that these medicines were actually prescribed by their physicians. When asked if they are able to purchase all prescribed medicines, only 74% responded affirmatively. The primary reason cited for non-purchase was financial (85.4%) in nature.

Compliance to prescribed medications was only about 77%. The most common reason for non-compliance was the inability to buy medicines (64.4%). Others also mentioned taking medicines depending only on the severity of the symptoms (11.5%) while still others cited forgetfulness (10.3%) and inability to consult physicians (10.3%).

Fifty three percent (53%) of the senior citizen respondents revealed that they use their own money while 44% said their children pay for their medical expenses. Only 8% stated PhilHealth as source of health care financing while 13% mentioned other sources like government assistance, money from relatives and pension. Forty three percent (43%) admitted being members of PhilHealth or other health insurance but surprisingly 24% stated they have never availed of its services whenever they get sick or hospitalized. The common problems encountered in availing PhilHealth or other health care insurance benefits include slow processing, problems with renewal and lost ID/ requirements.

Table 1. Socio-demographic Profile of Senior Citizen Respondents

Variables	Attributes	Luzon		Visayas		Mindanao		Total	
		NO.	%	NO.	%	NO.	%	NO.	%
	NO. OF RESPONDENTS	258	33.3%	259	33.4%	258	33.3%		
Sex	1- Female	163	63.2%	160	61.8%	173	67.1%	496	64.0%
	2- Male	95	36.8%	99	38.2%	85	33.0%	279	36.0%
Age	ACTUAL AGE:	MEAN	68.3	MEAN	69.3	MEAN	68.8	MEAN	68.8
Civil status	1- Single	14	5.4%	25	9.7%	7	2.7%	46	5.9%
	2- Married	132	51.2%	144	55.6%	132	51.2%	408	52.7%
	3- Separated	12	4.7%	10	3.9%	12	4.7%	34	4.4%
	4- Widow/er	100	38.8%	80	30.9%	107	41.5%	287	37.0%
Education	1- No schooling	6	2.3%	3	1.2%	12	4.7%	21	2.7%
	2- Elementary Level	46	17.8%	56	21.6%	57	22.1%	159	20.5%
	3- Elementary graduate	60	23.3%	40	15.4%	40	15.5%	140	18.1%
	4- High school Level	27	10.5%	54	20.9%	36	14.0%	117	15.1%
	5- High school graduate	44	17.1%	39	15.1%	54	20.9%	137	17.7%
	6- Vocational	6	2.3%	8	3.1%	6	2.3%	20	2.6%
	7- College level	34	13.2%	19	7.3%	26	10.1%	79	10.2%
	8- College graduate	33	12.8%	37	14.3%	25	9.7%	95	12.3%
	9- Post graduate	2	0.8%	3	1.2%	2	0.8%	7	0.9%
Religion	1- Roman Catholic	230	89.2%	227	87.6%	225	87.2%	682	88.0%
	2- Protestant	1	0.4%	5	1.9%	1	0.4%	7	0.9%
	3- Christian	9	3.5%	7	2.7%	6	2.3%	22	2.8%

Variables	Attributes	Luzon		Visayas		Mindanao		Total	
		NO.	%	NO.	%	NO.	%	NO.	%
	4- Iglesia ni Kristo	6	2.3%	4	1.5%	8	3.1%	18	2.3%
	5- Islam	2	0.8%	3	1.2%			5	0.7%
	6- Others	10	0.04%	13	5.0%	18	7.0%	41	5.3%
Ethnicity	1- No	257	99.6%	259	100.0%	252	97.7%	768	99.1%
	2- Yes, HIGANON					3	1.2%	3	0.4%
	IFUGAO					1	0.4%	1	0.1%
	WARAY	1	39.0%			2	0.8%	3	0.4%
Living companion	1- None, living Alone	17	6.6%	28	10.8%	13	5.0%	58	7.5%
	2- Spouse	123	47.7%	131	50.6%	144	55.8%	398	51.35%
	3- Children	180	69.8%	156	60.2%	172	66.7%	508	65.6%
	4- Caregiver	3	1.2%	3	1.2%	9	3.5%	15	1.9%
	5- Other relatives	170	65.9%	114	44.0%	67	26.0%	351	45.3%
Ownership of properties	1- House	167	64.7%	225	86.9%	184	71.3%	576	74.3%
	2- Land	124	48.1%	136	52.5%	124	48.1%	384	49.6%
	3- Farmland	30	11.6%	20	7.7%	8	3.1%	58	7.5%
	4- Vehicle	42	16.3%	14	5.4%	15	5.8%	71	9.2%
	5- Jewelries	35	13.6%	9	3.5%	10	3.9%	54	7.0%
	6- Others	18	7.0%	5	1.9%	11	4.3%	34	4.4%
People in Household		MEAN	5.3	MEAN	4.2	MEAN	4.8	MEAN	4.8
Sources of income/ finances			AMOUNT MEAN MEDIAN MODE		AMOUNT MEAN MEDIAN MODE		AMOUNT MEAN MEDIAN MODE		AMOUNT MEAN MEDIAN MODE
	1- Self-	39.5%	5,585.92	54.1%	4556.67	44.6%	4,009.09	46.1%	4,832.05

Variables	Attributes	Luzon		Visayas		Mindanao		Total	
		NO.	%	NO.	%	NO.	%	NO.	%
	employed, type and net income per month		4,500.00 5,000.00		2,500.00 1,000.00		2,000.00 2,000.00		3,000.00 1,000.00
	2- Retirement benefits, type and amount	25.6%	5743.53 3000 3000	22.8%	4464.29 2750 7000	29.5%	7042.38 4000 4000	25.9%	6227.75 3500 5000
	3- Children's support, amount per month	50.8%	7299.35 5000 5000	30.9%	6625 6150 10000	35.7%	2651.50 1000 500	39.1%	5251.28 2900 2000
	4- Others,	12.4%	6090.91 4000 10000	3.1%	12000 12000 12000	4.3%	NA	6.6%	6583.33 5000 10000

Thirty eight percent (38%) of the senior citizen respondents claimed that they are not aware of the Expanded Senior Citizens Act of 2010. However when asked about their awareness of specific provisions like 20% discount on medicines, 90% admitted knowledge of the provision. Only 54% however knew that provisions of the policy also included exemption to the 12% VAT (Table 2). Between sexes and among the different civil status, the awareness of the policy or its provisions was not significantly different (Table 3). This was however observed to be consistently lower among respondents with elementary education and no schooling as well as respondents from Pampanga. In contrast, awareness of the policy and its provisions were consistently higher in the Visayas provinces, Iloilo and Negros Occidental (Table 3).

Table 2. Perceptions on Expanded Senior Citizens Act of 2010

		Luzon		Visayas		Mindanao		Total	
Are you aware of the Expanded Senior Citizens Act of 2010?	1- No	172	66.7%	44	17.0%	82	31.8%	298	38.5%
	2- Yes	86	33.3%	215	83.0%	176	68.2%	477	61.6%
Are you aware that one of the provisions of the said law is the giving of 20% discount on your medicines?	1- No	26	10.1%	18	7.0%	40	15.5%	84	10.8%
	2- Yes	232	89.9%	241	93.1%	218	84.5%	691	89.2%
Are you aware that one of the provisions of the said law is the exemption to the 12% value added tax (VAT) of all your medicines?	1- No	155	60.1%	119	46.0%	84	32.7%	358	46.3%
	2- Yes	103	39.9%	140	54.1%	173	67.3%	416	53.8%
Do you avail every time your 20% discounts for medicines?	1- Never	53	21.0%	60	23.3%	83	32.2%	196	25.5%
	2- Rarely	19	7.5%	1	0.4%	7	2.7%	27	3.5%
	3- Sometimes	23	9.1%	49	19.0%	68	26.4%	140	18.2%
	4- Often/ frequently	8	3.2%	2	0.8%	7	2.7%	17	2.2%
	5- Always	148	58.7%	146	56.6%	93	36.1%	387	50.4%
In instances you have availed of your discounts, were you given your full 20% discount?	1- No	58	23.3%	62	24.1%	83	32.2%	203	26.6%
	2- Sometimes	50	20.1%	56	21.8%	72	27.9%	178	23.3%
	3- Yes, all the time	140	56.22%	139	54.09%	103	39.9%	382	50.0%
In instances you were buying medicines, were you given 12% VAT exemption?	1- No	143	58.1%	135	52.5%	110	42.6%	388	51.0%
	2- Sometimes	34	13.8%	31	12.1%	65	25.2%	130	17.1%
	3- Yes, all the time	68	27.6%	91	35.4%	83	32.2%	242	31.8%
What are the documents/requirements the drugstores are asking	1- Senior Citizen's ID	214	83.0%	229	88.4%	206	79.8%	649	83.7%
	2- Booklet	155	60.1%	187	72.2%	148	57.4%	490	63.2%

from you in order to avail the 20% discount on medicines?	3- Prescription	126	48.8%	60	23.2%	25	9.7%	211	27.2%
	Others	83	32.2%	19	7.3%	15	5.8%	117	15.1%
Because of the 20% discount and 12% VAT exemption, are you able to buy your medicines?	1- Yes, I was able to buy all.	115	51.8%	141	57.8%	89	36.2%	345	48.5%
	2- Yes, but not all; some are still costly.	68	30.6%	45	18.4%	70	28.5%	183	25.7%
	3- Yes, but not all; some are out-of-stock.	3	1.4%	11	4.5%	34	13.8%	48	6.7%
	4- No, none at all; still very expensive.	18	8.1%	35	14.3%	36	14.6%	89	12.5%
	5- Others	16	7.2%	12	4.9%	17	6.9%	45	6.3%
Because of the 20% discount and 12% VAT exemption, are you able to adhere to your drug regimen?	1- No	30	12.8%	45	17.9%	54	21.3%	129	17.5%
	2- Sometimes	62	26.5%	66	26.2%	80	31.6%	208	28.2%
	3- Yes, all the time	140	59.8%	141	56.0%	119	47.0%	400	54.1%

In terms of utilization of these benefits, only 50% asked for the 20% discount all the time. In instances that the discount is asked, only 50% were given full 20% discount. Among the respondents, only 32% remembered being given the 12% VAT exemption (Table 2).

The more common documents required by drugstores included senior citizen's ID, booklet and prescription. Others would require authorization (when the ID bearer is not the one purchasing the medicines), cedula or community tax certificate and doctor's license number.

Availment and actual provision of the 20% discount from the drugstores were consistently lower in the Mindanao provinces, Lanao del Norte and Misamis Oriental and Luzon province, Pampanga (Table 3). Across provinces, provision of the 12% VAT exemption all the time was less than 50%. In Pampanga, this was as low as 12.5%.

It is also interesting to note that awareness of the policy and its provisions seem to play a significant role in the availment and actual provision of the discount and exemption. There was a significantly higher proportion of respondents who were aware of the provisions that were given the 20% discount all the time (53.3%) and the 12% VAT exemption (49.3%). Similarly, those respondents with elementary education or no schooling revealed lower proportions in terms of being given the discount and tax exemption all the time.

Despite all the mentioned provisions of the Expanded Senior Citizen's Act, less than 50% indicated that they were able to buy all their medications. The proportion was even lower in the Mindanao provinces where only 36% admitted being able to buy all needed medications because of the discount and exemption provided. This was only 33.6% in Pampanga and a low 26.9% in Lanao del Norte. Being able to buy medicines as a result of the discounts was highest in Iloilo at 65.6%. Those with elementary education or less also posted lower proportion of those who were able to buy all medications needed (Table 3).



On the other hand, adherence to medications which may or may not be directly resulting from the provisions of the policy was only at 54%. Adherence was observed highest in the NCR at 66.9% and least in Pampanga at 41.4%. Adherence was likewise observed lower among respondents with elementary education or no schooling.

More than 90% of the respondents rated the implementation of the Expanded Senior Citizens Act as average to very satisfactory in terms of the 20% discount provision but only about 69% in terms of the 12% VAT exemption provision (Table 4).

Across provinces, majority answered satisfactory to very satisfactory for the implementation of the 20% discount provision. Lanao del Norte and Misamis Oriental showed higher proportion of respondents who rated the Expanded Senior Citizens Act favorably while this was least in Pampanga (Table 5). Across educational levels, respondents were likewise more satisfied with the implementation of the 20% discount than the 12% VAT exemption.

Seventy four percent (74%) felt that the policy is able to address the issue of accessibility of medicines among the elderly, despite the fact that many cannot still buy all their medications. This sentiment was observed to be highest in the NCR at 81.5% and least in Pampanga at 61.4%. Across educational levels, majority of the respondents (64% to 86%) likewise agreed that the Expanded Senior Citizens Act addresses the issue of accessibility among the elderly.

Majority suggested increasing discounts and strict implementation as recommendations in order to improve policy (Table 4).

Table 3. Awareness, Availment and Actual Provisions of Benefits in the Expanded Senior Citizens Act of 2010 vis-à-vis Ability to Purchase Medicines and Adherence

	<b>Awareness of the SC ACT*</b>	<b>Awareness of the 20% discount*</b>	<b>Awareness of the 12% VAT exemption*</b>	<b>Availment of the 20% discount**</b>	<b>Actual provision of 20% discount**</b>	<b>Actual exemption from the 12% VAT **</b>	<b>Ability to buy medicines **</b>	<b>Adherence to medicines **</b>
<b>Province</b>								
▪ Pampanga	32 (25.0%)	106 (82.8%)	32 (25.0%)	51 (39.8%)	45 (35.2%)	16 (12.5%)	43 (33.6%)	53 (41.4%)
▪ NCR	54 (41.5%)	126 (96.9%)	71 (54.6%)	97 (74.8%)	95 (73.1%)	52 (40.0%)	72 (55.4%)	87 (66.9%)
▪ Negros Occidental	102 (79.7%)	119 (93.0%)	65 (50.8%)	65 (50.8%)	59 (46.1%)	39 (30.5%)	86 (65.6%)	58 (45.3%)
▪ Iloilo	113 (86.3%)	122 (93.1%)	75 (57.3%)	81 (61.8%)	80 (61.1%)	52 (39.7%)	86 (65.6%)	83 (63.4%)
▪ Lanao del Norte	84 (64.6%)	109 (83.8%)	89 (68.5%)	49 (37.7%)	53 (40.8%)	50 (38.5%)	35 (26.9%)	67 (51.5%)
▪ Misamis Oriental	92 (71.9%)	109 (85.2%)	84 (66.1%)	44 (34.4%)	50 (39.1%)	33 (25.8%)	54 (42.2%)	52 (40.6%)
<b>Sex</b>								
▪ Male	164 (58.8%)	254 (91.0%)	154(55.4%)	145(52.0%)	133(47.7%)	85 (30.5%)	116 (41.6%)	135 (48.4%)
▪ Female	313 (63.1%)	437 (88.1%)	262(52.8%)	242(48.8%)	249(50.2%)	157 (31.7%)	229 (46.2%)	265 (53.4%)
<b>Civil Status</b>								
▪ Single	32 (69.6%)	44 (95.7%)	29 (63.0%)	26 (56.5%)	24 (52.2%)	19 (41.3%)	26 (56.5%)	28 (60.9%)
▪ Married	245 (60.0%)	372 (91.2%)	219 (53.8%)	212(52.0%)	203(49.8%)	128 (31.4%)	178 (43.6%)	212 (52.0%)
▪ Separated	21 (61.8%)	32 (94.1%)	22 (64.7%)	12 (35.3%)	14 (41.2%)	12 (35.3%)	11 (32.4%)	16 (47.1%)
▪ Widower	179 (62.4%)	243 (84.7%)	146 (50.9%)	137(47.7%)	141(49.1%)	83 (28.9%)	130 (45.3%)	144 (50.2%)
<b>Education</b>								
▪ No schooling	12 (57.1%)	15 (71.4%)	10 (47.6%)	9 (42.9)	7 (33.3%)	7 (33.3%)	5 (23.8%)	2 (9.5%)
▪ Elementary level	90 (56.6%)	127 (79.9%)	68 (42.8%)	51 (32.1%)	53 (33.3%)	36 (22.6%)	54 (34.0%)	8 (5.0%)
▪ Elementary graduate	73 (52.1%)	125 (89.3%)	62 (44.3%)	65 (46.4%)	65 (46.4%)	29 (20.7%)	55 (39.3%)	10 (7.1%)
▪ High school	72 (61.5%)	107 (91.5%)	64 (54.7%)		59 (50.4%)	36 (30.8%)	52 (44.4%)	6 (5.1%)

level				60 (51.3%)				
▪ High school graduate	81 (59.1%)	126 (92.0%)	80 (58.4%)	70 (51.1%)	68 (49.6%)	46 (33.6%)	54 (39.4%)	6 (4.4%)
▪ Vocational	19 (95.0%)	20 (100.0%)	16 (80.0%)	12 (60%)	14 (70.0%)	10 (50.0%)	12 (60.0%)	0 (0.0%)
▪ College level	49 (62.0%)	75 (94.9%)	39 (50.0%)	51 (64.6%)	50 (63.3%)	34 (43.0%)	44 (55.7%)	4 (5.1%)
▪ College graduate	74 (77.9%)	89 (93.7%)	72 (75.8%)	66 (69.5%)	63 (66.3%)	42 (44.2%)	64 (67.4%)	1 (1.1%)
▪ Post graduate	7 (100.0%)	7 (100.0%)	5 (71.4%)	3 (42.9%)	3 (42.9%)	2 (28.6%)	5 (71.4%)	1 (14.3%)

\*Frequencies (%) of respondents who answered “Yes”

\*\*Frequencies (%) of respondents who answered “All the time”

Table 3. Satisfaction Level of Senior Citizens

		Luzon		Visayas		Mindanao		Total	
Are you satisfied with the implementation of the Expanded Senior Citizens Act of 2010 in terms of the giving of 20% discount on your medicines?	1- Very unsatisfactory	11	4.3%	19	7.3%	18	7.0%	48	6.2%
	2- Unsatisfactory	19	7.5%	10	3.9%	5	1.9%	34	4.4%
	3- Average	72	28.2%	42	16.2%	45	17.4%	159	20.6%
	4- Satisfactory	68	26.7%	64	24.7%	46	17.8%	178	23.1%
	5- Very satisfactory	85	33.3%	124	47.9%	144	55.8%	353	45.7%
Are you satisfied with the implementation of the Expanded Senior Citizens Act of 2010 in terms of the 12% VAT exemption of your medicines?	1- Very unsatisfactory	66	25.9%	52	20.1%	42	16.3%	160	20.7%
	2- Unsatisfactory	31	12.2%	12	4.6%	34	13.2%	77	10.0%
	3- Average	60	23.5%	47	18.2%	53	20.5%	160	20.7%
	4- Satisfactory	40	15.7%	54	20.9%	38	14.7%	132	17.1%
	5- Very satisfactory	58	22.8%	94	36.3%	91	35.3%	243	31.5%
As a whole, can you say that the Expanded Senior Citizens Act of 2010 is addressing the issue of accessibility of medicines for the elderly?	1- No	32	12.5%	31	12.0%	14	5.4%	77	10.0%
	2- Yes	184	71.6%	191	73.8%	195	75.6%	570	73.6%
	3- Not sure	41	16.0%	37	14.3%	49	19.0%	127	16.4%
Suggestions for improvement	Increase discount							107	21.8%
	Increase benefits							50	10.2%
	Give/increase pension							62	12.6%
	Strict implementation							110	22.4%
	Give allowance to elderly							45	9.2%
	Expand discount coverage							15	3.1%
	Decrease requirements							45	9.2%
	Increase knowledge/ information for senior citizens							11	2.2%
	Faster processing of sc application							5	1.0%
	Give free medicines							32	6.5%
	Lower drug prices							5	1.0%

Table 5. Satisfaction Level of Senior Citizens by Demographic Variables

	Satisfaction with the implementation of the 20% discount*	Satisfaction with the implementation of the 12% VAT exemption*	Address issue of accessibility**
<b>Province</b>			
▪ Pampanga	64 (51.2%)	38 (30.4%)	78 (61.4%)
▪ NCR	89 (68.4%)	60 (46.2%)	106 (81.5%)
▪ Negros Occidental	81 (63.3%)	67 (52.4%)	90 (70.3%)
▪ Iloilo	107 (81.7%)	81 (61.8%)	101 (77.1%)
▪ Lanao del Norte	101 (77.7%)	63 (48.5%)	103 (79.2%)
▪ Misamis Oriental	89(69.5%)	66 (51.6%)	92 (71.9%)
<b>Sex</b>			
▪ Male	187 (67.3%)	131 (47.1%)	196 (70.3%)
▪ Female	344 (69.7%)	244 (49.4%)	374 (75.6%)
<b>Civil Status</b>			
▪ Single	32 (69.6%)	26 (56.5%)	37 (80.4%)
▪ Married	277 (68.2%)	198 (48.7%)	293 (72.0%)
▪ Separated	24 (70.6%)	18 (52.9%)	28 (82.4%)
▪ Widower	198 (69.3%)	133 (46.5%)	212 (73.9%)
<b>Education</b>			
▪ No schooling	15 (71.4%)	8 (38.0%)	18 (85.7%)
▪ Elementary level	100 (63.3%)	69 (43.7%)	104 (65.4%)
▪ Elementary graduate	86 (61.8%)	61 (43.8%)	90 (64.7%)
▪ High school level	86 (74.2%)	59 (50.9%)	90 (76.9%)
▪ High school graduate	97 (70.8%)	72 (52.5%)	108 (78.8%)
▪ Vocational	13 (65.0%)	10 (50.0%)	14 (70.0%)
▪ College level	56 (70.9%)	34 (43.1%)	66 (83.5%)
▪ College graduate	72 (75.8%)	56 (58.9%)	74 (77.9%)
▪ Post graduate	6 (85.7%)	6 (85.7%)	6 (85.7%)

\*Frequencies (%) of respondents who answered “Satisfactory” and “Very Satisfactory”

\*\* Frequencies (%) of respondents who answered “Yes”

## B. Pharmacy Personnel

A total of 36 pharmacies were included in this study. Majority (53%) of which were independent pharmacies. As for the chain drugstores, there were more participating outlets from the Mindanao study sites. On the average, these pharmacies were open 7 days a week and 15 hours per day and serve 200 prescriptions per day. Data revealed that pharmacies located in Mindanao serve more

prescriptions as compared to those pharmacies located in Luzon or Visayas provinces. Of these however, only about 27 prescriptions are for the senior citizens. In terms of number of senior citizens served per day, pharmacies in the Luzon provinces serve about 50 which is more than that of in Visayas or Mindanao provinces. On the average, a pharmacy has 4 personnel.

From these 36 participating drug outlets, a personnel from each of the pharmacies was interviewed. Majority of them were female (80%), single (47.2%), Catholic (86.1%) and graduated from college (50%). A summary of the demographic profile of the pharmacy personnel is presented in Table 6.

Seventy five percent (75%) of the pharmacy personnel respondents claimed that they provide the mandated 20% discount on medicines purchased by senior citizens. Across the different pharmacies from the different provinces, almost 92% of the pharmacies in the Mindanao region claimed that they provide the 20% while only 58% in pharmacies in the Visayas region practiced the same. Interviews likewise revealed that discounts may actually range from 2 to 15% or may depend on whether a medicine is OTC or ethical.

Only 50% were able to provide the mandated 12% VAT exemption on medicine purchases among senior citizens. The type of pharmacy appeared to be a significant factor associated with the provision of the 20% discount and 12% VAT exemption. The medium and large chain drugstores were able to provide both discount and exemption but not for the independent drugstores (Table 7).

Table 6. Demographic Characteristics of Pharmacy Personnel

		LUZON		VISAYAS		MINDANAO		TOTAL	
Variables	Attributes	NO.	%	NO.	%	NO.	%	NO.	%
Sex	1- Female	10	71.4%	11	91.7%	11	84.6%	32	80.0%
	2- Male	2	28.6%	1	8.3%	1	15.4%	4	20.0%
Age (years)		Mean - 30.7		Mean - 46.5		Mean - 31.2		Mean - 36.3	
Civil status	1- Single	8	66.7%	5	41.7%	4	33.3%	17	47.2%
	2- Married	4	33.3%	5	41.7%	5	41.7%	14	38.9%
	3- Separated	0		0		0		0	
	4- Widow/er	0		2	16.7%	3	25.0%	5	13.9%
Education	1- High school graduate	3	25.0%	0		1	8.3%	4	11.1%
	2- Vocational	0		0		3	25.0%	3	8.3%
	3- College level	4	33.3%	1	8.3%	5	41.7%	10	27.8%
	4- College graduate	5	41.7%	10	83.3%	3	25.0%	18	50.0%
	5- Postgraduate	0		1	8.3%	0		1	2.8%
Religion	1- Roman Catholic	11	91.7%	10	83.3%	10	83.3%	31	86.1%
	2- Protestant	0		0		1	8.3%	1	2.8%
	3- Christian	0		0		0		0	
	4- Iglesia ni Kristo	1	8.3%	0		0		1	2.8%
	5- Islam	0		0		0		0	
	6- Others	0		2	16.7%	1	8.3%	3	8.3%
Position in the pharmacy	1- Owner-pharmacist	1	8.3%	1	8.3%	0		2	5.6%
	2- Pharmacist	2	16.7%	2	16.7%	0		4	11.1%
	3- Owner	2	16.7%	2	16.7%	0		4	11.1%
	4- Staff	7	58.3%	3	25.0%	8	66.7%	18	50.0%
	5- Others (manager, purchaser)	0		4	33.3%	4	33.3%	8	22.2%

*Table 7. Provision of Discounts and Satisfaction across Types of Pharmacy*

<b>Type of Pharmacy</b>	<b>Provision of 20% discount</b>	<b>Provision of 12% VAT exemption</b>	<b>Perceived ability of SC to by medicines</b>	<b>Satisfaction with the policy*</b>
Independent	10 (52.6%)	4 (21.1%)	12 (63.2%)	5.6
Small chain (1-3 branches)	4 (100.0%)	1 (25.0%)	2 (50.0%)	6.8
Medium chain (94-10 branches)	2 (100.0%)	2 (100.0%)	1 (50.0%)	5.5
Large chain (more than 10 branches)	11 (100.0%)	11 (100.0%)	9 (81.8%)	6.5

\*Out of the highest possible score of 10

The documents required by pharmacies to avail of the benefits included senior citizen's ID, booklet, prescription and authorization. Fifty eight percent (58%) indicated that they have mechanisms in place to monitor or avoid abuse of these discounts among their customers.

Observations by mystery buyers posted in some pharmacies revealed similar information regarding provision of discounts. Large chain drugstores were observed to be especially compliant to the mandated provisions and already have an automated system in place that computes for the 12% VAT exemption and the 20% discount. Small independent drugstores provide lower discounts which also varied depending on whether the medicine is branded or generic. It is interesting to note that pharmacy personnel in small independent drugstores referred the simulated clients to large chain drugstores instead of accommodating them especially if they demand for the full discount and VAT exemption as mandated in the law. During the time of observation, it was also observed that there were more senior citizen customers in large chain drugstores as compared to the small independent drugstores.

Sixty seven percent (67%) of the interviewed personnel admitted that the Expanded Senior Citizens Act of 2010 did not affect much their operations. More than 20% however claimed that it has somehow slowed down their operations because of checking and verification of documents provided by the customers. More than half of the respondents revealed that the provision of the benefits of this policy decreased their sales and income. However they also mentioned that the number of senior



citizens served by their pharmacies has increased and that more senior citizens now are actually able to purchase their needed medications. Forty two percent (42%) said that senior citizens are still not able to buy their medicines because of lower incomes/depleting financial sources and higher costs of medicines. Although personnel from large chain drugstores perceived that more than 80% of the senior citizens are now able to purchase their medicines as a result of the policy (Table 8).

The primary problems related to the implementation of the policy mentioned concern customers who get angry when they do not get the entire 20% discount, when medicines are unavailable or when processing takes a long time. While 47% did not offer any suggestions to improve implementation of the policy, a few recommended lowering of discounts, educating the senior citizens about the law, and providing only the 20% discount. In a scale with 10 as the highest score, the average satisfaction rate given was about 6. It was also interesting to note that pharmacy personnel in Luzon rated the policy slightly higher at 6.42 when compared to the Visayas or Mindanao pharmacies. Personnel from medium chain and independent drugstores gave the lowest satisfaction ratings of 5.5 and 5.6, respectively (Table 7).

*Table 8. Impact of Expanded Senior Citizens Act on Pharmacy Outlets*

Question	Response	Luzon		Visayas		Mindanao		Total	
		No.	%	No.	%	No.	%	No.	%
How has the Expanded Senior Citizens Act of 2010 affected your operations?	Slowed because of too many documents and checking needed	2	16.7%	2	16.7%	4	33.3%	8	22.2%
	Bonuses are not given/ personnel decreased to cut costs	0		1	8.3%	0		1	2.8%
	Competition	0		1	8.3%	0		1	2.8%
	If not 20% discount give, will not buy	0		0		1	8.3%	1	2.8%
	None	10	83.3%	8	66.7%	5	41.7%	23	63.9%
How has the Expanded Senior Citizens Act of 2010 affected your sales and income?	Increase	4	33.3%	1	8.3%	0		5	13.9%
	Decrease	4	33.3%	8	66.7%	8	66.7%	20	55.6%
	Same	4	33.3%	3	25.0%	1	8.3%	8	22.2%
	Unnown/confidential	0		0		3	25.0%	3	8.3%
How has the Expanded Senior Citizens Act of 2010 affected the number of senior citizens served by your outlet?	Increase	6	50.0%	4	33.3%	8	66.7%	18	50.0%
	Decrease	3	25.0%	2	16.7%	0		5	13.9%
	Same	3	25.0%	6	50.0%	4	33.3%	13	36.1%
Do you think there are more senior citizens now being able to purchase their medicines with the 20% discount and 12% VAT exemption?	No	2	16.7%	5	41.7%	4	33.3%	15	41.7%
	Yes	10	83.3%	7	58.3%	8	66.7%	21	58.3%
	Branded medicines are still expensive/Generic is affordable.	0		0		1	8.3%	1	2.8%
	Income is still too low	1	8.3%	4	33.3%	5	41.7%	10	27.8%
	Medicine prices are lower	3	25.0%	7	58.3%	3	25.0%	13	36.1%
	Medicine prices are still high	1	8.3%	0		0		1	2.8%
	Others have reasons that are not price related	0		0		1	8.3%	1	2.8%
Please expound your answer.	Same	1	8.3%	0		2	16.7%	3	8.3%
What problems have you encountered in the	Angry when it takes a long time to get their medicines	0		0		1	8.3%	1	2.8%

implementation of the Expanded Senior Citizen's Act of 2010? How do you think should these be addressed?	Angry when we are unable to provide 20%	1	8.3%	3	25.0%	2	16.7%	6	16.7%
	Angry because of incomplete requirement	3	25.0%	4	33.3%	4	33.3%	11	30.6%
	Angry when there are no stocks	0		0		1	8.3%	1	2.8%
	None	6	50.0%	5	41.7%	3	25.0%	14	38.9%
	Threaten reporting	1	8.3%	1	8.3%	0		2	5.6%
	Use of senior citizen id of other people. Named the prescription for the sc to get discount	0		0		1	8.3%	1	2.8%
What needs to be improved and/or amended in the law to make it more acceptable to all stakeholders?	Educate and inform sc especially on their discounts and requirements	1	8.3%	0		1	8.3%	2	5.6%
	List of drugs for sc only.	0		0		1	8.3%	1	2.8%
	Lower discount	1	8.3%	2	16.7%	2	16.7%	5	13.9%
	None	10	83.3%	4	33.3%	3	25.0%	17	47.2%
	Offset 20% from suppliers	0		1	8.3%	0		1	2.8%
	Provide easier access to senior citizen requirements	0		1	8.3%	0		1	2.8%
	Remove discount	0		1	8.3%	0		1	2.8%
	Remove the 20% discount on branded medicine.	0		1	8.3%	0		1	2.8%
	Require follow-up from the doctor to prevent abuse	0		1	8.3%	0		1	2.8%
	Segregate rate of discount based on drugstore's capital so they can compete and decrease requirements.	0		1	8.3%	0		1	2.8%
	Stick with 20% only	0		0		2	16.7%	2	5.6%
	Strict requirement compliance	0		0		2	16.7%	2	5.6%
	System for faster recording	0		0		1	8.3%	1	2.8%
With 10 as the highest and 1 as the lowest, what is your general satisfaction rating for the Expanded Senior Citizens Act of 2010?		MEAN 6.4		MEAN 5.3		MEAN 6.2		MEAN 6.0	

### **C. Key informants**

There were nine key informants for this study: five representing local associations of pharmacists; two representing national associations of pharmacists; and two representing associations of pharmaceutical industry players.

Majority of the key informants (88.89%) said that pharmaceutical companies are not able to provide their share in the 20% discount on all medicines as mandated by the Expanded Senior Citizen's Act of 2010. It is important to note that all the seven key informants representing local and national associations of pharmacists indicated that such is the case. From them, it is a common theme that only some pharmaceutical companies provide their share in the 20% discount, though still partially. Other mechanisms that can further support drugstores in providing discounts are available (e.g. big discount, consignment, rebates), however, more evidently in big chain drugstores. One informant mentioned that the requests for reimbursements are a bit delayed because the retailers do not often have the proper documentation and are not enabled by simple tools that can facilitate requests.

An informant from the pharmaceutical industry mentioned that drug retailers bill companies for the Senior Citizens Discounts (SCD). A standard SCD support is granted to community pharmacies without need for substantiation. Further claims need to be supported with data/ reports as required by law. All claims from hospital pharmacies need to be substantiated by data/reports prior to payment. For many multinational pharmaceutical companies, there is a strict finance audit when drugstores bill members for SCD payments.

The other industry informant however raised that companies selling generic medicines are able to support more drugstores in this area as the prices of their medicines are low which allows drugstores to mark-up the selling price substantially higher which makes provision of the full 20% discount possible at the point of sale. This is not possible for branded medicines whose list prices are already quite high.

In terms of the pharmacy outlets being able to provide the SCD, majority (71.43%) of the seven informants representing associations of pharmacists said that they are not able to

comply with the law. It is a common response that only big chain drugstores are able to provide full SCD because of the reasons mentioned above. As indicated by many informants, some pharmacy outlets especially the small ones often mention to patients that they do not have stocks. In many instances, they even refer patients to the big chain drugstores. In terms of the pharmacy outlets being able to provide the 12% VAT exemption, majority (57.14%) of the seven informants representing associations of pharmacists said that pharmacies are able to comply with the law.

In terms of business operations, majority (57.14%) of the pharmacist key informants indicated that pharmacies have had encountered problems related to tax deduction of the SCD they have provided. Initially, they thought that the law provides for a mechanism for this. An informant suggested that this should be made clear, or better yet be part of the amendment of the law. One informant raised that there is an increased transaction time due to verification of claimants and prescriptions.

An informant representing the pharmaceutical industry said that it has increased the cost of doing business in the Philippines. The unclear formula and inequitable sharing of the SCD cost between retailers and manufacturers has led to the higher burden of cost carried by the manufacturers. Distributors or middle men do not carry any cost related to the SCD. There is also no clear tax credit incentive given by the Bureau of Internal Revenue (BIR) for this additional subsidy for those retailers and manufacturers carrying this additional cost. According to the same respondent, while not its intent, the law brought animosity between suppliers and retailers due to varying and opposing interpretations of the burden sharing. A huge amount of time is spent operationally in explaining to some retailers why their SCD claims are not valid which usually end up in debates and arguments. Just like in community drugstore operations, there is likewise drastic increase in the tedious and time-consuming administration work not only in recording retailer SCD claims but in efforts to validate accuracy and authenticity for each claim. Most community pharmacies do not have point-of-sale systems necessary to efficiently aggregate SCD claims data. In some cases, senior citizen discounts are budgeted even for products that are not meant for senior citizens because it is administratively easier to implement an across-the-board SCD allowance process for community pharmacies than to pay based on validated claims.

Majority (71.43%) of the pharmacist informants indicated that drugstores experienced decrease in sales and loss in profit. One informant even said that there is no income in senior citizen transactions, only expenses. One respondent from the pharmaceutical industry, representing mostly multinational companies, told that the law has also brought high levels of uncertainty both for their sales and income. This is because of several factors: (1) There is no way for suppliers to fully validate each retailer transaction to a supposedly SC customer whose cards are issued at the level of the local government unit; (2) There is ever increasing and inconsistent amounts/levels of SCD claims; (3) The amount being claimed by some retailers is geared towards protecting their large profits wherein the basis of claims is the final price to patients which include the retailer's mark-up; and, (4) The amounts of SC discounts being claimed indicates that the senior citizen population in the Philippines seems to be at 60% which is not supportive of the government data as indicated at the National Statistics Office. For them, it has resulted to additional cost of doing business and therefore, increases operational costs in the market. This creates a disincentive for increased investments in the Philippines. The cost of the SCD annually is significant that it can be converted instead by companies to hire more employees, expand benefits or increase investments in the country via business expansion.

There is a diverse response from pharmacist informants when asked if they have more senior citizen clients after the passage of the law. Majority (42.86%) said that there was an increase, while two (28.57%) said there is no significant change. The other two (28.57%) informants mentioned that smaller drugstores lose clients because they are somewhat forced to refer their clients to big chain drugstores as these can provide full discounts to the senior citizens. However, majority (57.14%) felt that in general there are more senior citizens now being able to purchase their medicines with the 20% discount and 12% VAT exemption.

Some of the problems encountered in the implementation of the Expanded Senior Citizen's Act of 2010 as mentioned by the pharmacist informants are the following: (1) Since most of the small drugstores cannot afford to give the full SCD, many of them make certain things to get around the law. Some jack up the price in such a way that discounting would bring the

price back to its original retail price. Some claim that they have no stocks available and refer clients to big chain drugstores. (2) Many retailers had problems with the originally proposed tax deduction scheme, which many were not able to enjoy. This leads to them bearing the costs of discounts as part of their own operations.

From the perspectives of informants representing the pharmaceutical industry, the following are the identified problems: (1) unclear and conflicting interpretation of the SCD sharing mechanism resulting to claims abuses; (2) syndicated abuse in the SC Card issuance; (3) no credible SC population database; (4) 12% input VAT loss for the retailers may push retailers not sell to senior citizens or increase claims to suppliers; and, (5) no clear tax credit incentive given by the BIR for the additional subsidy for those retailers and manufacturers carrying this additional cost.

The common themes identified among the pharmacist informants when asked what needs to be improved and/or amended in the law to make it more acceptable to all stakeholders include the establishment of clearer guidelines on the burden sharing and how the drugstores can collect the discounts back from the government. One informant even suggested that there should be a change in how we currently treat the discount and tax exemption. A tax credit system may be more acceptable. It was also pointed out that there should be strict in issuance of senior citizen identification cards to prevent abuses. A centralized distribution from the Department of Social Work and Development instead from local governments may prevent the release of cards to individuals who are not really qualified to receive them. Drugstores should also build patient profiling system that will aid them in monitoring patients.

For the informants from the pharmaceutical industry, the following suggestions were made: (1) clarification of the SCD sharing mechanism to provide retailers and suppliers a common guide on how to apply the law; (2) establishment of a controlled database for SC to facilitate traceability and ensure validity of transactions; (3) improved tax framework for SCD transactions to prevent losses to the retailers; and, (4) provisions for hard and stiff penalties on fraudulent use senior citizen cards to deter abuses.

Finally, the average general satisfaction rating for the Expanded Senior Citizens Act of 2010 of all the nine key informants is 5.32 out of the perfect 10 rating.

## **Discussion of Results**

The enactment of RA 9994 was welcomed jubilantly by the senior citizen sector as it was seen as an instrument to further empower them. The provisions of the law afford this vulnerable population improve access to essential goods and services which otherwise are difficult to obtain given limited financial resources. However, criticisms on its possible adverse effects on business viability and operations were also raised. The most important area of contention was on who exactly will bear the cost of discounts and tax exemption. Thus, there was an expressed need for clear implementation guidelines and processes. In order to fully characterize the effects of this policy, the perspectives of the beneficiaries and the providers of the said provisions were explored.

The elderly are usually plagued with multiple chronic diseases and hence are among the heavy consumers of medicines. The provision of discounts therefore is hoped to increase accessibility and eventually adherence to prescribed therapeutic regimens among the elderly. While majority of the senior citizens and pharmacy personnel respondents perceived that drug accessibility increased as a result of the policy, 26% of the senior citizen respondents still said that they were not able to buy their medications. The primary reason cited was financial in nature. In fact, one of the suggestions provided was to further increase the discounts. This was also corroborated with the perceptions of the pharmacy personnel where 42% said that the senior citizens were still not able to buy their medicines because of lower incomes and higher cost of medicines. This highlights the fact that while the price of medicines is an important factor in accessibility, the source of income is another factor that probably needs to be addressed so they will have more buying capacity. It should be noted that more than 50% of the senior citizen respondents relied on money/ support provided by their children to finance both their basic needs and medications. The support provided was highly variable across provinces. In Mindanao, where the average support provided was



observed least which amounted to PhP2,600 (Table 1), only 36% said they were able to buy all their medicines (Table 2).

Adherence, on the other hand, as a result of the provisions of the policy was 54%. Inability to buy medicines was the most frequently cited reason and this can still be correlated with finances and buying power of the senior citizens. Adherence is a complex phenomenon and cannot be explained by a single factor. Hence while affordability is a contributing factor, it is not the only reason that can explain adherence or non-adherence. Other reasons should be explored so specific strategies may be created to improve adherence. Adherence was observed higher among respondents with high school education or higher and among respondents in the NCR. It is important to explain the importance of adherence among patients taking their medications. It should also be pointed out that in some study sites, the ability to purchase all medicines was lower than the self-reported adherence to medications of respondents. This can be due to the fact that many of the senior citizens depend on the support of other members of the family. It is possible that while they themselves cannot buy the medicines, other individuals make them available to them.

The drugstore is the primary institution to implement the provisions of the policy. However, only 50% of the senior citizen respondents claimed that they were given the 20% discount, at least every time they asked for it. There was even a smaller percentage of the respondents (32%) claimed to have received 12% VAT exemption by the drugstores. This was consistent with the interviews with the pharmacy personnel. Only 75% claimed they provided the mandated 20% discount and 50% claimed they provided the 12% VAT exemption. The medium and large chain drugstores were able to provide both but not the independent drugstores. In fact, it was even difficult for the latter to provide the full 20% discount to the point that they would simply refer their clients to the large chain drugstores should they insist to claim all the mandated provisions of the policy. Large chain drugstores have more buying capacity and bigger leverage with suppliers when compared with small chain or independent drugstores. As a result, they have more mechanisms in place that can support provision of discounts. This was adequately explained by key informants coming from the national pharmacist organization.

The Expanded Senior Citizens Act states that “the DOH shall establish guidelines and mechanism of compulsory rebates in the sharing of burden of discounts among retailers, manufacturers and distributors, taking into consideration their respective margins.” However, interviews with key informants from the pharmaceutical industry admitted that not all companies are able to provide their share in the 20% discount as mandated by the law. There is unclear formula and inequitable sharing of the 20% discount among retailers, distributors and manufacturers. The lack of clear tax incentives from the BIR for those carrying the burden of providing discounts was also identified as a major concern. The administrative costs related to the implementation of the policy have also increased because of additional time spent on recording and validation of claims from the retailers. Moreover, the unclear and conflicting interpretation of the discount sharing had resulted to claim abuses and animosity between suppliers and retailers.

Recommendations from the informants highlight the value of communicating the policy more clearly to both providers and beneficiaries of the discounts and exemptions. Clarification of the SCD sharing mechanism is the topmost concern. Other supporting instruments may be utilized to further the benefits of the Act and minimize the abuses, such as a database for senior citizens to facilitate traceability and ensure validity of transactions and heavier penalties on fraudulent use senior citizen cards.

The Expanded Senior Citizens Act is a policy that is meant to support the elderly in the society. All sectors included in this study agreed that it has contributed to a certain degree to improving accessibility of medicines among the elderly. However several issues have also been identified that should be addressed. There is a need to fully define and operationalize the concept of burden sharing among the retailers, distributors and manufacturers. A clear formula must be provided such that varying interpretations may be avoided.

### **Limitations of the Study**

This study was able to include a limited number of areas in the country, which may not necessarily be able to present adequately the general situation in the Philippines. The

number of pharmacies is also not large enough to be able to exhaustively list issues and problems related to implementing the provisions of the law.

Several problems were also encountered during the interview with the staff of the pharmacy outlets. Most of the time there was no pharmacist present in the drugstore. Also, the staff of some pharmacy outlets were very hesitant to be interviewed claiming that their supervisors would not allow them. Some did not allow the interview to be recorded. Staff members from some large chain drugstores did not want to be interviewed; some said that they needed permission from their main office and an endorsement letter from the Department of Health was necessary.

The study sites in the Visayas region (Iloilo and Bacolod City) were replacement to the originally identified areas of Cebu and Bohol. The change of sites was made as a response to the earthquake that struck these areas and the aftershocks experienced in these localities that were thought then to possibly compromise the safety of the research team and the integrity of the data that will be collected.

## **Conclusion**

Not all pharmacies are providing the mandated 20% discount and the 12% VAT exemption to senior citizen clients. In many cases that a discount is provided, the discount is given not in full but within the range of 2 to 15%. Large chain drugstores were observed to be especially compliant to the mandated provisions. Small independent drugstores, however, provide lower discounts which also varied depending on whether the medicine is branded or generic. In many occasions, small independent drugstores refer clients to large chain drugstores instead of accommodating them. As a result, it can be observed that more senior citizens avail their medicines in large chain drugstores.

Many elderly respondents are still not fully aware of the Expanded Senior Citizens Act of 2010. Although majority know that they should enjoy 20% discount on their medicines, only

half of the respondents knew that their medicines purchases should also be exempted from VAT. Given these, half of the senior citizens still do not actively demand for these privileges all the time they are buying their medicines. Probably because of limited knowledge about the law, majority of the elderly rated the implementation as average to very satisfactory. Majority even indicated that the policy is able to address the issue of accessibility of medicines among the elderly.

As for the pharmacy outlets, few claimed that the law has somehow slowed down their operations due to the additional steps for verification and documentation. More than half of the respondents revealed that the law has caused them to lose sales and income. While more senior citizens now can actually buy more of their needed medications, many pharmacy outlets believe that senior citizens generally cannot buy their medicines because of lower incomes and still high costs of medicines even with discounts.

While the intention of the law is good, it is important for the government to study the negative impact of the provisions to the pharmacy retail outlets which now serve as the partner of the government in providing the much needed medications at the community level. The glaring information that not all outlets are providing the mandated discount and tax exemption provide a signal that there is something wrong, either in the law itself or in its implementing rules and regulations. The inability of the drug outlets may mean a gap in terms of who should really carry the cost of discounting and exemption. If the schemes for burden sharing remain unclear, the usual profit margins of drug outlets of up to 10% will not be able to sustain the pharmacies in fully providing what is in the law. Stakeholders should learn from large chain drugstores in terms of how they are able to provide in full these privileges, in order for the small independent drugstores to adopt their mechanisms and processes if feasible. If the current situation of sending clients by small drugstores to large chain drugstores will persist, there will be many small independent drugstores in the future that will close down. The last thing the government would want to see is a playing field run by a few pharmacy players, which is very conducive to higher medicines cost due to lack of competition.

The inability of many senior citizens to purchase their medicines in spite of all these privileges also means that wider information dissemination is needed. It is also interesting to determine if the increase in the purchasing power of the elderly sector is in terms of allowing even the poorer senior citizens to avail their medicines, or just allowing the previously financially capable elders to enjoy discounts. This is important since the law was designed to empower a broader patient base.

## **Recommendations**

The privileges stated in RA 9994 are not fully realized by its beneficiaries due to their low level of awareness and inadequacy of funds to purchase even discounted drugs, and the noncompliance of drug establishments. Some identified policy and program directions are:

### *(1) Enhance information dissemination of the law and its provisions among senior citizens*

Majority of the senior citizens are still not aware of the privileges granted to them by the law. Because of this ignorance, they will not actively demand for it nor complain if given any discount lower than what is prescribed or when not given at all. Information dissemination can be facilitated by local governments through Rural Health Units (RHUs) and organized groups of senior citizens.

### *(2) Study the negative impact of the law to the business operations of drug outlets*

The government should look into the negative impact of the Law to business operations of drugstores. Since non-large chain drugstores cannot provide the privileges, they usually refer clients to their competitor large chain outlets. The substantial loss of clients may lead to the closure of the drugstore, which would then create a playing field run by a few pharmacy players. Such environment may be conducive to higher drug costs due to lack of competition.

*(3) Review guidelines and mechanisms of compulsory rebates in the burden sharing of discounts among retailers, manufacturers and distributors*

An improved burden sharing scheme among drugstores, manufacturers, distributors and the government should be spelled out. Clearer guidelines and massive information dissemination campaign on this area is needed. Subsequent monitoring of implementation is critical.

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# APPENDICES



## APPENDIX A. INFORMED CONSENT FORM FOR PARTICIPATING SENIOR CITIZENS

I am \_\_\_\_\_ (NAME OF THE RESPONDENT) \_\_\_\_\_ years old. I was invited by Dr. Jesus N. Sarol, Jr. who is conducting a survey among elderly on the the **Impact Evaluation of the Expanded Senior Citizens Act of 2010 on Drug Accessibility**. I was chosen to be one of the 600 elderly respondents of this survey to represent the Filipino elderly.

This survey aims to determine the impact of the Expanded Senior Citizens Act of 2010 on drug accessibility among the elderly. Specifically, it aims to: 1) describe the general practice of pharmacy outlets and the pharmaceutical industry in fulfilling the provisions of the Expanded Senior Citizens Act in terms of providing discounts and burden-sharing; 2) determine the effects of the Expanded Senior Citizens Act among the elderly in terms of their (a) economic ability to purchase prescribed medicines, (b) adherence to prescribed therapeutic regimens, and (c) utilization of privileges related to purchase of medicines; 3) describe the level of satisfaction with the provisions of the law and its implementation among the elderly, pharmacy owners/managers/ pharmacists, representatives of the pharmaceutical industry, and officers of pharmacy-related professional societies. The results of the survey will help the government to determine strategies that will improve the implementation of the law, and health care delivery to the Filipino elderly. I will be answering questions based on my experiences related to availing the discounts and VAT exemption on pharmaceuticals as stipulated in the law.

I was informed that the questionnaire may take not more than thirty minutes to answer. All information that I will provide is strictly confidential and will be treated and kept as such. Other people will not be able to see these questionnaires with my name on it. Results of this survey will be summarized per region and not by individual elderly respondent.

My participation in this survey is voluntary. There is no risk in taking part in this survey. My involvement in this survey is my personal choice; thus I can choose not to answer any of the questions. Declining to participate will not affect the services or any benefits that I am receiving. If I so decide to participate in this survey, I will answer them honestly, completely, accurately and consistently.

If I have any questions during the filling up of this form, I can freely ask the interviewer.

If I have any questions after this survey, I can get in touch with Asst. Prof. Roderick L. Salenga at 09178552707 or email at [ericsalenga@gmail.com](mailto:ericsalenga@gmail.com). I can also communicate with the Chair of the National Ethics Committee, Dr. Marita Reyes, at (02) 8377537 or email at [nationalethicscommittee.ph@gmail.com](mailto:nationalethicscommittee.ph@gmail.com).

- ☐ I agree to participate in the study and I will affix my signature on this informed consent.
- ☐ I don't agree to participate in the study and I will affix my signature on this informed consent.

Name and signature

Date

Witness' Name and signature

Date

Person Taking Informed Consent Process Name and Signature

Date

## APPENDIX B. INFORMED CONSENT FORM FOR PHARMACY OWNERS/MANAGERS/ PHARMACISTS

I am \_\_\_\_\_ (NAME OF THE RESPONDENT) \_\_\_\_\_ years old. I was invited by Dr. Jesus N. Sarol, Jr. who is conducting a survey among pharmacy outlets on the the **Impact Evaluation of the Expanded Senior Citizens Act of 2010 on Drug Accessibility**. Our outlet was chosen to be one of the thirty-four (34) drug outlets to be surveyed.

This survey aims to determine the impact of the Expanded Senior Citizens Act of 2010 on drug accessibility among the elderly. Specifically, it aims to: 1) describe the general practice of pharmacy outlets and the pharmaceutical industry in fulfilling the provisions of the Expanded Senior Citizens Act in terms of providing discounts and burden-sharing; 2) determine the effects of the Expanded Senior Citizens Act among the elderly in terms of their (a) economic ability to purchase prescribed medicines, (b) adherence to prescribed therapeutic regimens, and (c) utilization of privileges related to purchase of medicines; 3) describe the level of satisfaction with the provisions of the law and its implementation among the elderly, pharmacy owners/managers/ pharmacists, representatives of the pharmaceutical industry, and officers of pharmacy-related professional societies. The results of the survey will help the government to determine strategies that will improve the implementation of the law, and health care delivery to the Filipino elderly. I will be answering questions based on my experiences related to availing the discounts and VAT exemption on pharmaceuticals as stipulated in the law.

I was informed that the questionnaire may take not more than thirty minutes to answer. All information that I will provide is strictly confidential and will be treated and kept as such. Other people will not be able to see these questionnaires with my name on it. Results of this survey will be summarized per region and not by individual outlet respondent.

My participation in this survey is voluntary. There is no risk in taking part in this survey. My involvement in this survey is my personal choice; thus I can choose not to answer any of the questions. Declining to participate will not affect the services or any benefits that I am receiving. If I so decide to participate in this survey, I will answer them honestly, completely, accurately and consistently.

If I have any questions during the filling up of this form, I can freely ask the interviewer.

If I have any questions after this survey, I can get in touch with Asst. Prof. Roderick L. Salenga at 09178552707 or email at [ericsalenga@gmail.com](mailto:ericsalenga@gmail.com). I can also communicate with the Chair of the National Ethics Committee, Dr. Marita Reyes, at (02) 8377537 or email at [nationalethicscommittee.ph@gmail.com](mailto:nationalethicscommittee.ph@gmail.com).

☐ I agree to participate in the study and I will affix my signature on this informed consent.

☐ I don't agree to participate in the study and I will affix my signature on this informed consent.

Name and signature \_\_\_\_\_ Date \_\_\_\_\_

Witness' Name and signature \_\_\_\_\_ Date \_\_\_\_\_

Person Taking Informed Consent Process Name and Signature \_\_\_\_\_ Date \_\_\_\_\_

## APPENDIX C. INFORMED CONSENT FORM FOR KEY INFORMANTS FROM THE PHARMACEUTICAL INDUSTRY

I am \_\_\_\_\_ (NAME OF THE RESPONDENT) \_\_\_\_\_, \_\_\_\_\_ years old. I was invited by Dr. Jesus N. Sarol, Jr. who is conducting a study on the **Impact Evaluation of the Expanded Senior Citizens Act of 2010 on Drug Accessibility**. I was one of the identified key informants from the pharmaceutical industry to be interviewed for this study.

This survey aims to determine the impact of the Expanded Senior Citizens Act of 2010 on drug accessibility among the elderly. Specifically, it aims to: 1) describe the general practice of pharmacy outlets and the pharmaceutical industry in fulfilling the provisions of the Expanded Senior Citizens Act in terms of providing discounts and burden-sharing; 2) determine the effects of the Expanded Senior Citizens Act among the elderly in terms of their (a) economic ability to purchase prescribed medicines, (b) adherence to prescribed therapeutic regimens, and (c) utilization of privileges related to purchase of medicines; 3) describe the level of satisfaction with the provisions of the law and its implementation among the elderly, pharmacy owners/managers/ pharmacists, representatives of the pharmaceutical industry, and officers of pharmacy-related professional societies. The results of the survey will help the government to determine strategies that will improve the implementation of the law, and health care delivery to the Filipino elderly. I will be answering questions based on my experiences related to availing the discounts and VAT exemption on pharmaceuticals as stipulated in the law.

I was informed that the questionnaire may take not more than thirty minutes to answer. All information that I will provide is strictly confidential and will be treated and kept as such. Other people will not be able to see the transcriptions of the interview with my name on it. Results of this study will be summarized as a whole and not by individual key informant.

My participation in this survey is voluntary. There is no risk in taking part in this survey. My involvement in this survey is my personal choice; thus I can choose not to answer any of the questions. Declining to participate will not affect the services or any benefits that I am receiving. If I so decide to participate in this survey, I will answer them honestly, completely, accurately and consistently.

If I have any questions during the filling up of this form, I can freely ask the interviewer.

If I have any questions after this survey, I can get in touch with Asst. Prof. Roderick L. Salenga at 09178552707 or email at [ericsalenga@gmail.com](mailto:ericsalenga@gmail.com). I can also communicate with the Chair of the National Ethics Committee, Dr. Marita Reyes, at (02) 8377537 or email at [nationalethicscommittee.ph@gmail.com](mailto:nationalethicscommittee.ph@gmail.com).

- ☐ I agree to participate in the study and I will affix my signature on this informed consent.
- ☐ I don't agree to participate in the study and I will affix my signature on this informed consent.

Name and signature \_\_\_\_\_ Date \_\_\_\_\_

Witness' Name and signature \_\_\_\_\_ Date \_\_\_\_\_

Person Taking Informed Consent Process Name and Signature \_\_\_\_\_ Date \_\_\_\_\_

#### APPENDIX D. INFORMED CONSENT FORM FOR KEY INFORMANTS FROM THE PHARMACY-RELATED PROFESSIONAL SOCIETIES

I am \_\_\_\_\_ (NAME OF THE RESPONDENT) \_\_\_\_\_, \_\_\_\_\_ years old. I was invited by Dr. Jesus N. Sarol, Jr. who is conducting a study on the **Impact Evaluation of the Expanded Senior Citizens Act of 2010 on Drug Accessibility**. I was one of the identified key informants from the pharmacy-related professional societies to be interviewed for this study.

This survey aims to determine the impact of the Expanded Senior Citizens Act of 2010 on drug accessibility among the elderly. Specifically, it aims to: 1) describe the general practice of pharmacy outlets and the pharmaceutical industry in fulfilling the provisions of the Expanded Senior Citizens Act in terms of providing discounts and burden-sharing; 2) determine the effects of the Expanded Senior Citizens Act among the elderly in terms of their (a) economic ability to purchase prescribed medicines, (b) adherence to prescribed therapeutic regimens, and (c) utilization of privileges related to purchase of medicines; 3) describe the level of satisfaction with the provisions of the law and its implementation among the elderly, pharmacy owners/managers/ pharmacists, representatives of the pharmaceutical industry, and officers of pharmacy-related professional societies. The results of the survey will help the government to determine strategies that will improve the implementation of the law, and health care delivery to the Filipino elderly. I will be answering questions based on my experiences related to availing the discounts and VAT exemption on pharmaceuticals as stipulated in the law.

I was informed that the questionnaire may take not more than thirty minutes to answer. All information that I will provide is strictly confidential and will be treated and kept as such. Other people will not be able to see the transcriptions of the interview with my name on it. Results of this study will be summarized as a whole and not by individual key informant.

My participation in this survey is voluntary. There is no risk in taking part in this survey. My involvement in this survey is my personal choice; thus I can choose not to answer any of the questions. Declining to participate will not affect the services or any benefits that I am receiving. If I so decide to participate in this survey, I will answer them honestly, completely, accurately and consistently.

If I have any questions during the filling up of this form, I can freely ask the interviewer.

If I have any questions after this survey, I can get in touch with Asst. Prof. Roderick L. Salenga at 09178552707 or email at [ericsalenga@gmail.com](mailto:ericsalenga@gmail.com). I can also communicate with the Chair of the National Ethics Committee, Dr. Marita Reyes, at (02) 8377537 or email at [nationalethicscommittee.ph@gmail.com](mailto:nationalethicscommittee.ph@gmail.com).

- ☐ I agree to participate in the study and I will affix my signature on this informed consent.
- ☐ I don't agree to participate in the study and I will affix my signature on this informed consent.

Name and signature \_\_\_\_\_ Date \_\_\_\_\_

Witness' Name and signature \_\_\_\_\_ Date \_\_\_\_\_

Person Taking Informed Consent Process Name and Signature \_\_\_\_\_ Date \_\_\_\_\_

## APPENDIX E. INTERVIEW SCHEDULE FOR SENIOR CITIZEN RESPONDENTS

### Section A. Location and Identification

Identification No.:	
A.1 Date of Interview:	A.5 Region:
A.2 Name of Interviewer:	A.6 Province:
A.3 Field Editor:	A.7 Municipality/City:
A.4 Field Supervisor:	A.8 Barangay:
A.9 Start of Interview:	A.10 End of Interview:

### Section B. Socio Demographic Profile

Question No.	Question	Response	Code Number
B.0	Name <i>Pangalan</i>		
B.1	Gender <i>Kasarian</i>	1- Female 2- Male	
B.2	How old are you as of your last birthday? <i>Ilang taon ka noong nakaraang kaarawan mo?</i>	ENTER ACTUAL AGE:	
B.3	Are you married or single? <i>Kayo po ba ay may asawa o binata/dalaga?</i>	1- Single 2- Married 3- Separated 4- Widow/er	
B.4	What is your highest educational attainment? <i>Ano ang pinakamataas na antas ng edukasyon ang inyong naabot?</i>	1- No schooling 2- Elementary level 3- Elementary graduate 4- High school level 5- High school graduate 6- Vocational 7- College level 8- College graduate 9- Postgraduate	
B.5	What is your religion? <i>Ano ang inyong relihiyon?</i>	1- Roman Catholic 2- Protestant 3- Christian 4- Iglesia ni Kristo 5- Islam	

		6- Others, please specify: 7- _____	
B.6	Do you belong to an ethnic group? If yes, please specify. <i>Ikaw ba ay kabilang sa isang etnik na grupo? Kung oo, pakisaad kung alin.</i>	1- No 2- Yes, specify ethnic group: _____	
B.7	Do you belong to an indigenous population? If yes, please specify. <i>Ikaw ba ay kabilang sa isang indigenous na grupo? Kung oo, pakisaad kung alin.</i>	1- No 2- Yes, specify IP group: _____	
B.8	Do you have a living companion? If yes, who is/are your living companion/s? <i>Meron ka bang kasama sa bahay? Kung meron, pakisaad kung sino/sino-sino sila.</i>	1- None, living alone Yes, Specify living companion/s (MULTIPLE RESPONSE) 2- Spouse 3- Children, give the number _____ 4- Caregiver 5- Other relatives, specify _____	
B.9	How many are you in your household? <i>Ilan po kayo sa inyong sambahayan?</i>	ENTER NUMBER OF HH MEMBERS:	
B.10	What are your different sources to financially provide for your basic needs? How much on the average are you receiving every month per source? <i>Anu-ano po ang inyong pinagkukunan ng pangkabuhayan na pinangtutustos sa inyong mga pangangailangan? Magkano ang nakukuha ninyo kadalasan sa isang buwan kada pinagkukunan?</i>	(MULTIPLE RESPONSE) 1- Self-employed, specify type and net income per month _____ 2- Retirement benefits, specify type and amount _____ 3- Children's support, specify amount per month _____ 4- Others, specify _____	
B.11	Do you own any of these properties? <i>Kayo ba ay nagmamay-ari ng alin man sa mga sumusunod?</i>	(MULTIPLE RESPONSE) 1- House 2- Land 3- Farmland 4- Vehicle 5- Jewelries 6- Others, specify _____ _____	

## Section C. General Health Status and Current Medications

C. 1	Do you have a current medical problem? If yes, please specify. <i>Kayo ba ay may iniindang karamdaman? Kung oo, pakisaad kung ano.</i>	1- No 2- Yes, specify _____																									
C. 2	Have you consulted a doctor in the last isang taon? <i>Kayo ba ay nakapag-konsulta sa doctor sa nakalipas naisang taon ?</i>	1- No 2- Yes  If answer is YES, proceed to C.3 and C.4. If answer is NO, proceed to C.5.																									
C.3	Did the doctor provide information regarding Senior Citizens' discounts? <i>Nagbigay ba ang inyong doktor ng impormasyon ukol sa Senior Citizens' discounts?</i>	1- No 2- Yes																									
C.4	Did the doctor remind you regarding the importance of medication compliance? <i>Pinalalagan ba kayo ng inyong doktor ukol sa kahalagahan ng pagsunod sa wastong pag-inom ng gamot?</i>	1- No 2- Yes																									
C.5	Do you currently take any medications? If yes, what indications are they taken for? Were they prescribed by the doctor? <i>May mga gamot ba kayong iniinom sa kasalukuyan? Para saan ang mga ito? Ni-reseta ba sila ng doctor?</i>	1- No 2- Yes, complete table below. <table border="1" data-bbox="794 1326 1273 1691"> <thead> <tr> <th>Medicine</th><th>Indication</th><th>Prescribed (+/-)</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> If answer is YES, proceed to C. 6 and C.7.	Medicine	Indication	Prescribed (+/-)																						
Medicine	Indication	Prescribed (+/-)																									
C.6	Are you able to buy ALL your medicines? <i>Nabibili ba ninyo lahat ng inyong mga gamot?</i>	1- No, state reason _____ 2- Yes																									
C.7	Are you able to take your medicines as instructed to you	1- All the time 2- Sometimes, state the reason.																									

	by your doctor? <i>Naiinom ba ninyo nang tama ang inyong gamot ayon sa sinabi ng doctor?</i>	3- No, state the reason. _____	
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#### Section D. Access to Medical Care and Medications

Question No.	Question	Response	Code Number
D.1	How do you pay for your medical expenses? <i>Paano ninyo binabayaran ang inyong mga gastos pang-medikal?</i>	1- Own money 2- Children 3- Loan 4- PHILHEALTH 5- Others, Specify _____	
D.2	Are you a member of PHILHEALTH or any Health Care Insurance? <i>Kayo ba ay miyembro ng PHILHEALTH o ng alin mang Health Care Insurance? Kung oo, pakisaad kung alin?</i>	1- No 2- Yes, specify. _____  If answer is YES, proceed to D.3 and D.4.	
D.3	Do you use your PHILHEALTH/health care insurance whenever you are hospitalized/sick? <i>Ginagamit ba ninyo ang inyong PHILHEALTH/health care insurance tuwing kayo ay na-o-ospital/nagkakasakit?</i>	1- Never 2- Rarely 3- Sometimes 4- Often/frequently 5- Always 6- I was not hospitalized yet.	
D.4	What are the problems you have encountered in availing your PHILHEALTH/health care insurance benefits? <i>Ano ang mga problema na inyong naranasan sa pagkuha ng inyong mga benepisyo mula sa PHILHEALTH/health care insurance?</i>		
D.5	Are you aware of the Expanded Senior Citizens Act of 2010? <i>Alam ba ninyo ang Expanded Senior Citizens Act of 2010?</i>	1- No 2- Yes	
D.6	Are you aware that one of the provisions of the said law is the giving of 20% discount on your medicines? <i>Alam ba ninyo na</i>	1- No 2- Yes	



	<i>isa sa nakasaad sa batas na ito ay ang pagbibigay ng 20% na diskwento sa mga gamot na nais nyong bilhin?</i>		
D.7	Are you aware that one of the provisions of the said law is the exemption to the 12% value added tax (VAT) of all your medicines? <i>Alam ba ninyo na isa sa nakasaad sa batas na ito ay ang pagbibigay ng exemption sa 12% value added tax (VAT) sa mga gamot na nais nyong bilhin?</i>	1- No 2- Yes	
D.8	Do you avail every time your 20% discounts for medicines? <i>Hinihingi ba ninyo ang iyong 20% na diskwento tuwing bumibili kayo ng gamot?</i>  If answer is 1 to 4: What are the reasons why you are not availing of your discount every time your purchase your medicines? <i>Ano-ano ang mga dahilan bakit hindi ninyo hinihingi palagi ang iyong 20% na diskwento sa pagbili ng gamot?</i>	1- Never 2- Rarely 3- Sometimes 4- Often/frequently 5- Always	
D.9	In instances you have availed of your discounts, were you given your full 20% discount? <i>Sa mga pagkakataong hiningi ninyo ang inyong diskwento, kayo ba ay nabibigyan ng 20% discount sa tuwing bibili kayo ng gamot sa botika?</i>  If answer is 1 or 2: What are the reasons why you were not given your discount every time your purchase your medicines? <i>Ano-ano ang mga dahilan bakit hindi kayo nabigyan ng iyong 20% na diskwento sa tuwing bumibili kayo ng gamot?</i>	1- No 2- Sometimes 3- Yes, all the time	

D.10	<p>In instances you were buying medicines, were you given 12% VAT exemption? <i>Sa mga pagkakataong bumili kayo ng gamot, kayo ba ay nabigyan ng exemption sa 12% VAT?</i></p> <p>If answer is 1 or 2: What are the reasons why you were not given 12% VAT exemption every time your purchase your medicines? <i>Ano-ano ang mga dahilan bakit hindi kayo nabigyan ng 12% VAT exemption sa tuwing bibili kayo ng gamot?</i></p>	<p>1- No 2- Sometimes 3- Yes, all the time</p>	
D.11	<p>What are the documents/requirements the drugstores are asking from you in order to avail the 20% discount on medicines? <i>Anu-ano po ang mga dokumentong hinihiling ng botika sa inyo upang kayo ay mabigyan ng 20% discount sa gamot?</i></p>	<p>1- Senior Citizen's ID 2- Booklet 3- Others, specify. _____</p>	
D.12	<p>Because of the 20% discount and 12% VAT exemption, are you able to buy your medicines? <i>Dahil sa 20% discount ng mga gamot at exemption sa 12% VAT, nabibili ninyo na ba ang inyong mga gamot?</i></p>	<p>1- Yes, I was able to buy all. 2- Yes, but not all; some are still costly. 3- Yes, but not all; some are out-of-stock. 4- No, none at all; still very expensive. 5- Others, specify. _____</p>	
D.13	<p>Because of the 20% discount and 12% VAT exemption, are you able to adhere to your drug regimen? <i>Dahil sa 20% discount ng mga gamot at exemption sa 12% VAT, kayo ba ay nakakasunod sa isinaad na wastong pag-inom ng inyong mga gamot?</i></p> <p>If answer is 1 or 2: What are the</p>	<p>1- No 2- Sometimes 3- Yes, all the time</p>	

	reasons for non-compliance? <i>Anu-ano ang mga dahilan sa hindi pagsunod sa wastong pag-inom ng mga gamot?</i>		
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#### E. Client Satisfaction

For E.1 and E.2: On a scale of 1 to 5, where 1 is very unsatisfactory, 2 unsatisfactory, 3 average, 4 satisfactory and 5 is very satisfactory, please rate the following statements. <i>Maari po bang magbigay kayo ng grado mula 1 hanggang 5. Ang 1 ay sobrang hindi nasisiyahan, 2- hindi nasisiyahan, 3-tama lang, 4-nasisiyahan at 5 –sobrang nasisiyahan.</i>			
E.1	Are you satisfied with the implementation of the Expanded Senior Citizens Act of 2010 in terms of the giving of 20% discount on your medicines? <i>Kayo ba ay nasisiyahan sa pagpapatupad ng Expanded Senior Citizens Act of 2010 ukol sa pagpapatupad ng 20% discount sa mga gamot na inyong binibili?</i>	1- Very unsatisfactory 2- Unsatisfactory 3- Average 4- Satisfactory 5- Very satisfactory	
E.2	Are you satisfied with the implementation of the Expanded Senior Citizens Act of 2010 in terms of the 12% VAT exemption of your medicines? <i>Kayo ba ay nasisiyahan sa pagpapatupad ng Expanded Senior Citizens Act of 2010 ukol sa pagpapatupad ng exemption sa 12% VAT sa mga gamot na inyong binibili?</i>	1- Very unsatisfactory 2- Unsatisfactory 3- Average 4- Satisfactory 5- Very satisfactory	
E.3	As a whole, can you say that the Expanded Senior Citizens Act of 2010 is addressing the issue of accessibility of medicines for the elderly? <i>Sa kabuuan, masasabi ba ninyong tumutugon sa isyu ng pagkakamit ng gamot ng mga nakakatanda ang Expanded Senior Citizens Act of 2010?</i>	1- No 2- Yes 3- Not sure	
E.4	In your opinion, how can the implementation of the Expanded Senior Citizens Act of 2010 be improved? <i>Sa inyong palagay, paano po mas mapapaganda ang pagpapatupad ng Expanded Senior Citizens Act of 2010?</i>		

## APPENDIX F. INTERVIEW SCHEDULE FOR PHARMACISTS/PHARMACY OWNERS

### Section A. Location and Identification

Identification No.:	
A.1 Date of Interview:	A.5 Region:
A.2 Name of Interviewer:	A.6 Province:
A.3 Field Editor:	A.7 Municipality/City:
A.4 Field Supervisor:	A.8 Barangay:
A.9 Start of Interview:	A.10 End of Interview:

### Section B. Socio Demographic Profile

Question No.	Question	Response	Code Number
B.0	Name <i>Pangalan</i>		
B.1	Gender <i>Kasarian</i>	1- Female 2- Male	
B.2	How old are you as of your last birthday? <i>Ilang taon ka noong nakaraang kaarawan mo?</i>	ENTER ACTUAL AGE:	
B.3	Are you married or single? <i>Kayo po ba ay may asawa o binata/dalaga?</i>	1- Single 2- Married 3- Separated 4- Widow/er	
B.4	What is your highest educational attainment? <i>Ano ang pinakamataas na antas ng edukasyon ang inyong naabot?</i>	1- No schooling 2- Elementary level 3- Elementary graduate 4- High school level 5- High school graduate 6- Vocational 7- College level 8- College graduate	

		9- Postgraduate	
B.5	What is your religion? <i>Ano ang inyong relihiyon?</i>	1- Roman Catholic 2- Protestant 3- Christian 4- Iglesia ni Kristo 5- Islam 6- Others, please specify: _____	
B.6	Do you belong to an ethnic group? If yes, please specify. <i>Ikaw ba ay kabilang sa isang etnik na grupo? Kung oo, pakisaad kung alin.</i>	1- No 2- Yes, specify ethnic group: _____	
B.7	Do you belong to an indigenous population? If yes, please specify. <i>Ikaw ba ay kabilang sa isang indigenous na grupo? Kung oo, pakisaad kung alin.</i>	1- No 2- Yes, specify IP group: _____	
B.8	What is your position/job description in the pharmacy? <i>Ano po ang inyong posisyon/trabaho sa botika?</i>	1- Owner-pharmacist 2- Pharmacist 3- Owner 4- Staff 5- Others, specify. _____	

### Section C. Pharmacy Profile

Question No.	Question	Response	Code Number
C.1	Under what type of pharmacy does the outlet fall? <i>Sa anong klase ng botika nabibilang ang outlet?</i>	1- Independent 2- Small chain (1-3 branches) 3- Medium chain (4-10 branches) 4- Large chain (more than 10 branches)	
C.2	When and what time is the pharmacy open? <i>Kailan at anong oras bukas ang inyong botika?</i>	ENTER ACTUAL DAYS/TIME OF OPERATION	
C.3	How many staff are working in the pharmacy? <i>Ilang mga tauhan ang</i>	ENTER ACTUAL NUMBER	

	<i>nagtatrabaho sa botika?</i>		
C.4	How many prescriptions are served per day? <i>Ilang reseta/pasyente ang napagsisilbihan kada araw?</i>	ENTER ACTUAL NUMBER	
C.5	How many senior citizens are served per day? <i>Ilang mga nakakatanda ang napagsisilbihan kada araw?</i>	ENTER ACTUAL NUMBER	

#### Section D. Provision of the Senior Citizens' Benefits and Privileges

Question No.	Question	Response	Code Number
D.1	Are you able to provide the 20% discount on all medicines as mandated by the Expanded Senior Citizens Act of 2010? <i>Kayo ba ay nakapagbibigay ng 20% discount sa mga gamot na naayon sa Expanded Senior Citizens Act of 2010?</i>  Please expound your answer. <i>Mabigay ng paliwanag.</i>	1- No 2- Yes	
D.2	Are you able to provide the 12% VAT exemption on all medicines as mandated by the Expanded Senior Citizens Act of 2010? <i>Kayo ba ay nakapagbibigay ng 12% VAT exemption sa mga gamot na naayon sa Expanded Senior Citizens Act of 2010?</i>  Please expound your answer. <i>Mabigay ng paliwanag.</i>	1- No 2- Yes	
D.3	What documents do you require from your customers before they could avail of the 20% discount and	1- Senior Citizen's ID 2- Booklet 3- Others, specify.	

	12% VAT exemption on medicines purchased? <i>Anu-anong mga dokumento ang inyong hinihingi upang mabigyan ng 20% discount at 12% VAT exemption ang mga gamot na binibili ng senior citizens?</i>		
D.4	<p>Do you have mechanisms in place to monitor or avoid abuse of this discount among your customers? <i>Merong ba kayong mga pamamaraan upang maiwasan ang pang-aabuso sa pagkuha ng diskwento ng mga nakakatandang pasyente?</i></p> <p>Please expound your answer. <i>Mabigay ng paliwanag.</i></p>	<p>1- No</p> <p>2- Yes</p>	

#### Section E. Impact of and Issues with the Senior Citizens' Benefits and Privileges

Question No.	Question	Response	Code Number
E.1	How has the Expanded Senior Citizens Act of 2010 affected your operations? <i>Paano naka-apekto ang Expanded Senior Citizens Act of 2010 sa pagpapatakbo ng inyong botika?</i>		
E.2	How has the Expanded Senior Citizens Act of 2010 affected your sales and income? <i>Paano naka-apekto ang Expanded Senior Citizens Act of 2010 sa inyong benta at kita?</i>		
E.3	How has the Expanded Senior Citizens Act of 2010 affected the number of senior citizens served by your outlet? <i>Paano naka-apekto ang Expanded Senior Citizens Act of 2010 sa dami ng senior citizens na</i>		

	<i>inyong pinagsisibihan sa botika?</i>		
E.4	<p>Do you think there are more senior citizens now being able to purchase their medicines with the 20% discount and 12% VAT exemption? <i>Sa inyong palagay, mas maraming senior citizens nab a ang nakabibili ng kanilang mga gamot dahil sa 20% discount at 12%VAT exemption?</i></p> <p>Please expound your answer. <i>Mabigay ng paliwanag</i></p>	<p>1- No 2- Yes</p>	
E.5	<p>What problems have you encountered in the implementation of the Expanded Senior Citizen's Act of 2010? How do you think should these be addressed? <i>Anu-ano ang mga problemang inyong kinaharap ukol sa Expanded Senior Citizen's Act of 2010? Paano sa tingin ninyo ito maso-solusyunan?</i></p>		
E.6	<p>What needs to be improved and/or amended in the law to make it more acceptable to all stakeholders? <i>Anu-ano ba ang dapat ayusin o di kaya ay palitan sa batas upang maging itong mas katanggap-tanggap sa lahat ng mga apektado nito?</i></p>		
E.7	<p>With 10 as the highest and 1 as the lowest, what is your general satisfaction rating for the Expanded Senior Citizens Act of 2010? <i>Kung ang 10 ang pinkamatas na grado at ang 1 ang pinakamababa, anu ang inyong ibibigay na grado sa Expanded Senior Citizens Act of 2010?</i></p>		



## APPENDIX G. INTERVIEW SCHEDULE FOR KEY INFORMANTS (Pharmaceutical Industry and Pharmacy-related Professional Societies)

### Section A. Location and Identification

Identification No.:	
A.1 Date of Interview:	A.5 Region:
A.2 Name of Interviewer:	A.6 Province:
A.3 Field Editor:	A.7 Municipality/City:
A.4 Field Supervisor:	A.8 Barangay:
A.9 Start of Interview:	A.10 End of Interview:

### Section B. Socio Demographic Profile

Question No.	Question	Response	Code Number
B.0	Name <i>Pangalan</i>		
B.1	Gender <i>Kasarian</i>	1- Female 2- Male	
B.2	How old are you as of your last birthday? <i>Ilang taon ka noong nakaraang kaarawan mo?</i>	ENTER ACTUAL AGE:	
B.3	Are you married or single? <i>Kayo po ba ay may asawa o binata/dalaga?</i>	1- Single 2- Married 3- Separated 4- Widow/er	
B.4	What is your highest educational attainment? <i>Ano ang pinakamataas na antas ng edukasyon ang inyong naabot?</i>	1- No schooling 2- Elementary level 3- Elementary graduate 4- High school level 5- High school graduate 6- Vocational 7- College level	

		8- College graduate 9- Postgraduate	
B.5	What is your religion? <i>Ano ang inyong relihiyon?</i>	1- Roman Catholic 2- Protestant 3- Christian 4- Iglesia ni Kristo 5- Islam 6- Others, please specify: _____	
B.6	Do you belong to an ethnic group? If yes, please specify. <i>Ikaw ba ay kabilang sa isang etnik na grupo? Kung oo, pakisaad kung alin.</i>	1- No 2- Yes, specify ethnic group: _____	
B.7	Do you belong to an indigenous population? If yes, please specify. <i>Ikaw ba ay kabilang sa isang indigenous na grupo? Kung oo, pakisaad kung alin.</i>	1- No 2- Yes, specify IP group: _____ _____	
B.8	What is your position/job description in the pharmaceutical industry/pharmacy-related professional organization? <i>Ano po ang inyong posisyon/trabaho sa pharmaceutical industry/samahan?</i>		

### Section C. Provision of the Senior Citizens' Benefits and Privileges

Question No.	Question	Response	Code Number
C.1	Are the pharmaceutical companies able to provide their share in the 20% discount on all medicines as mandated by the Expanded Senior Citizen's Act of 2010? <i>Nakakapagbigay ba ang mga kumpanya ng gamot ng kanilang bahagi sa 20% discount sa mga gamot na naayon sa Expanded Senior Citizens Act of 2010?</i>	1- No 2- Yes	

	Please expound your answer. <i>Mabigay ng paliwanag.</i>		
C.2	<p>Are the drug outlets able to provide their share in the 20% discount on all medicines as mandated by the Expanded Senior Citizen's Act of 2010? <i>Nakakapagbigay ba ang mga botika ng kanilang bahagi sa 20% discount sa mga gamot na naayon sa Expanded Senior Citizens Act of 2010?</i></p> <p>Please expound your answer. <i>Mabigay ng paliwanag.</i></p>	<p>1- No 2- Yes</p>	
C.3	<p>Are the drug outlets able to provide the 12% VAT exemption on all medicines as mandated by the Expanded Senior Citizens Act of 2010? <i>Nakakapagbigay ba ang mga botika ng 12% VAT exemption sa mga gamot na naayon sa Expanded Senior Citizens Act of 2010?</i></p> <p>Please expound your answer. <i>Mabigay ng paliwanag.</i></p>	<p>1- No 2- Yes</p>	
C.4	<p>Do you have mechanisms in place to monitor or avoid abuse of this discount among your customers? <i>Meron ba kayong mga pamamaraan upang maiwasan ang pang-aabuso sa pagkuha ng diskwento ng mga nakakatandang pasyente?</i></p> <p>Please expound your answer. <i>Mabigay ng paliwanag.</i></p>	<p>1- No 2- Yes</p>	

### Section D. Impact of and Issues with the Senior Citizens' Benefits and Privileges

Question No.	Question	Response	Code Number
D.1	How has the Expanded Senior Citizens Act of 2010 affected your operations? <i>Paano naka-apekto ang Expanded Senior Citizens Act of 2010 sa pagpapatakbo ng inyong kumpanya/organisasyon/botika?</i>		
D.2	How has the Expanded Senior Citizens Act of 2010 affected your sales and income? <i>Paano naka-apekto ang Expanded Senior Citizens Act of 2010 sa inyong benta at kita?</i>		
D.3	How has the Expanded Senior Citizens Act of 2010 affected the number of senior citizens served by drug outlet? <i>Paano naka-apekto ang Expanded Senior Citizens Act of 2010 sa dami ng senior citizens na pinagsisibihan ng mga botika?</i>		
D.4	Do you think there are more senior citizens now being able to purchase their medicines with the 20% discount and 12% VAT exemption? <i>Sa inyong palagay, mas maraming senior citizens nab a ang nakabibili ng kanilang mga gamot dahil sa 20% discount at 12%VAT exemption?</i>  Please expound your answer. <i>Mabigay ng paliwanag</i>	1- No 2- Yes	
D.5	What problems have you encountered in the implementation of the Expanded Senior Citizen's Act of 2010? How do you think		

	should these be addressed? <i>Anu-ano ang mga problemang inyong kinaharap ukol sa Expanded Senior Citizen's Act of 2010? Paano sa tingin ninyo ito maso-solusyunan?</i>		
D.6	What needs to be improved and/or amended in the law to make it more acceptable to all stakeholders? <i>Anu-ano ba ang dapat ayusin o di kaya ay palitan sa batas upang maging itong mas katanggap-tanggap sa lahat ng mga apektado nito?</i>		
D.7	With 10 as the highest and 1 as the lowest, what is your general satisfaction rating for the Expanded Senior Citizens Act of 2010? <i>Kung ang 10 ang pinkamatas na grado at ang 1 ang pinakamababa, anu ang inyong ibibigay na grado sa Expanded Senior Citizens Act of 2010?</i>		

## **APPENDIX H. RESEARCH ETHICS APPROVAL**

## APPENDIX I. TEMPLATE OF LETTER FOR BARANGAY CAPTAINS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mahal na Ginoo/Ginang,

Mabuhay!

Kami po ay kasalukuyang nagsasagawa ng pag-aaral na pinamagatang “Impact Evaluation of the Expanded Senior Citizens Act of 2010 (RA 9994) on Drug Accessibility among the Elderly.” Layunin ng pagaaral na ito na malaman kung ano ang epekto or naidulot ng batas sa mga nakakatanda ukol sa kanilang kakayahang makabili ng kanilang mga gamot. Ang pag-aaral po na ito ay inaprubahan ng National Ethics Committee at aming isinasagawa para sa National Center for Pharmaceutical Access and Management (NCPAM) ng Department of Health.

Nais po naming humingi ng pahintulot at tulong mula sa inyong butihing opisina na isagawa ang pag-aaral na ito sa inyong barangay. Kami po ay makikipag-usap sa mga senior citizens na nakatira sa inyong lugar. Isasagawa po ito sa ika-\_\_\_\_\_.

Kalakip ng liham na ito ang pahintulot mula sa National Ethics Committee at halimbawa ng talatanungan na aming gagamitin. Kung kayo po ay may mga tanong, maaari niyo po kaming tawagan sa numerong ito, 09158584475.

Maraming salamat po.

Lubos na gumagalang,

Jesus N. Sarol, PhD  
*Mananaliksik*

## APPENDIX I. LIST OF PERSONNEL INVOLVED

Project Leader	Dr. Jesus N. Sarol, Jr.
Consultants	Asst. Prof. Roderick L. Salenga
	Dr. Monet M. Loquias
Research Associates	Ms. Krsitine Marie Rodriguez
	Ms. Justine Rubilette Mariano
	Ms. Lissa Angelica Jopson
	Mr. Mac Ardy Gloria