TROPICAL DISEASE FOUNDATION TROPICAL DISEASE FOUNDATION



ANNUAL REPORT 2004-2005



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FOREWORD

2004 marked the 20th anniversary of the Tropical Disease Foundation. From humble beginnings, acting only as a recipient of external funds initially at the Research Institute for Tropical Medicine, it has now become internationally know for its pioneering work on tuberculosis, both in research and service implementation in collaboration with the National TB Control Program of the Department of Health. In addition, as the Principal Recipient of the Global Fund Projects in the Philippines, it has also become involved in the DOH control programs for malaria and HIV/AIDS.

As we respond to these many challenges, the TDF has continued its capacity building, forging and strengthening its partnership with public and private sector agencies both locally and internationally. Human resource development through training here and abroad has paid off with their outstanding work in their respective area of interest. New facilities have been provided by generous philanthropists who believe in the cause of control of infectious diseases of public health importance as an important aspect of poverty alleviation. We are grateful to our benefactors, whose continued support will help us in the realization of our vision of the enjoyment of health by all.

We thank the Board of Trustees of the TDF and our staff for their unstinting support and dedication.

Thelma E. Tupasi, MD

HISTORY OF THE FOUNDATION

The Tropical Disease Foundation is a private, non-stock, non-profit organization founded in 1984 by a group of physicians. It is supported by research grants, donations and endowments. Its objective is to undertake researches and provide training and service in the control and management of tropical infectious diseases.

A Memorandum of Agreement was signed with the Makati Medical Center (MMC) in 1987, and Dr. Constantino P. Manahan became the first Chairman of the Board of Trustees of the Foundation. After Dr. Manahan's untimely demise, Dr. Romeo Gustilo became Chairman of the Board of Trustees. In 2001, Dr. Raul G. Fores was elected as Chairman while Ambassador Bienvenido A. Tan has been the Chairman since

2003. From 1987 to date, the Honorary Chairman of its International Advisory Board is Dr. Calvin M. Kunin.

Through the generosity of donors and friends, the Foundation has been able to establish its research laboratory which has gradually expanded, and now includes facilities for special microbiology, mycobacteriology. immunology, mycology, and virology. With these laboratory facilities, the Foundation has been able to pursue its activities in educational and research programs in tropical infectious diseases of public health importance. Notable among these were its community-based prospective studies on Acute Respiratory Infection (ARI) and tuberculosis.

Linkage with the Makati Medical Center

The Makati Medical Center was founded by a group of distinguished health professionals headed by Dr. Constantino P. Manahan. It is owned and operated by the Medical Doctors, Inc. and was formally inaugurated on 31 May 1969.

The Foundation complements the facilities of the MMC mainly in the fields of microbiology, immunology and virology. Subject to the rules and regulations of the MMC Institutional Review Board, the Foundation is authorized to undertake research projects in accordance with the provisions of the Helsinki Declaration. The MMC accordingly allows its staff, including medical residents and fellows, to participate

in the researches of the Foundation. In turn, the research facilities of the Foundation are also made available to the MMC personnel for the management of patients who are in need of them. The Foundation actively participates in the MMC training programs and in its other related activities.

The MMC, because of its belief in the sanctity of human life, renders equal standards of medical services to all patients regardless of their socio-economic status. Its efforts are geared toward meeting the health needs of the patients by maintaining highly qualified staff and by constantly updating its medical technology.

Supporting the Public Sector Health Programmes

The 1997 National Tuberculosis Prevalence Survey was undertaken by the TDF on behalf of the Department of Health (DOH). For this project, the TDF was awarded the 2000 Outstanding Health Research Award. It also initiated the close collaboration between the TDF and the National TB Control Program of the Department of Health in TB Control through the initiation of the DOTS Clinic at the Makati Medical Center. This

private-public collaboration has provided free service in the management of TB patients and was the very first DOTS-Plus pilot project approved by the WHO Green Light Committee for the management of MDR-TB. In acknowledgement of its outstanding pioneering work, this pilot-project has become designated by the WHO as a DOTS-Plus training center in the Western Pacific Region, a challenge which we hope to realize in the near future.

TDF as Principal Recipient of the Global Fund Projects in the Philippines

As a testimony of the well established relationship with the Department of Health, the TDF was elected upon the nomination of the DOH as Principal Recipient of the GFATM Projects in the Philippines. In partnership with the Department of Health, the TDF has participated in the National TB Program through the expansion of the WHO Green Light Committee accredited DOTS-Plus pilot project for the MDR-TB to include the public sector, initially at the Lung Center of the Philippines. It has also become engaged in the Malaria Control Program (MCP) by undertaking the GF Malaria Component project in ensuring sustainability through community

organization and collaboration of the local government units. In addition, the TDF collaborates with the National AIDS/Sexually Transmitted infection Prevention and Control Program (NASPCP) and its partner NGOs in the GF component project on HIV/AIDS.

The Phase I of the TB and Malaria Component projects ended in July 2004 and the CCM application for the Phase II from 2005-2008 has been approved for funding. A new application for GF support in Round 5 has also been submitted for the scaling up of Malaria, HIV/AIDS, TB control efforts including DOTS-Plus for the management of MDR-TB



20th Anniversary of the Tropical Disease Foundation, 28 August 2004, Hotel Inter Continental Kagawad Abad-Santos (Barangay San Lorenzo), Jaime Lagahid, MD (DOH-IDO), Thelma E. Tupasi, MD (TDF), Jean Marc Olive', MD (WHO-WR), Alex Tuazon, MD (United Laboratories, Inc.), Alyssa Finlay, MD (CDC, USA)

SERVICE PROGRAMME

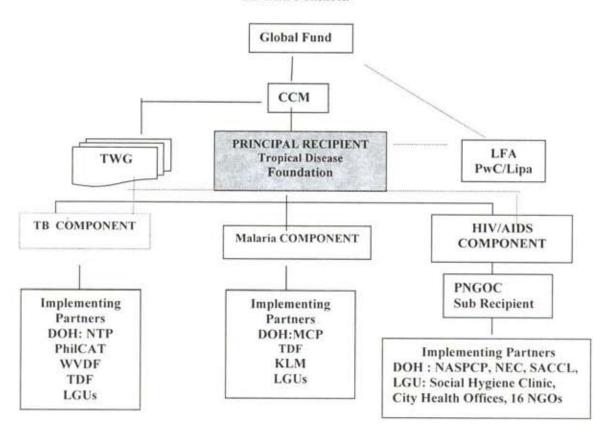
Global Fund Against AIDS, Tuberculosis, and Malaria (GFATM): Accelerating the Response to HIV/AIDS, Tuberculosis and Malaria.

The round 2 Global Fund (GF) Malaria (PHL- 202-G01-M-00) and Tuberculosis (PHL - 202-G02-T-00)component projects were approved for funding in July 2003 and the round 3 HIV/AIDS (PHL - 304-G03-H-00) in August 2004. Table 1 shows the chronology of events in the establishment and initiation of the GF projectgs in the Philippines

The TDF was elected by the Country Coordinating Mechanism as the Principal Recipient of the GF

projects in the Philippines upon nomination by the Department of Health. In keeping with the vision of the TDF of the enjoyment of the right to health for all, the PR envisions an improvement in the prevalence. mortality rates due to tuberculosis and malaria through the successful implementation of the **GFATM** approved program. At the end of the 5implementation, the indicators as specified in the proposal should be attained. Mission of the PR

Figure 1. Organizational Chart of the Primary Recipient and the Implementing Agencies of the Global Fund Assisted Project on Accelerating the Response to TB and Malaria



In keeping with the mission of the TDF, which is the control and prevention of infectious diseases of public health importance through research, training, service and community development, the mission of the PR is to ensure the proper administration and management of the GFATM funded projects for the

efficient and effective implementation of the program to attain the goal of an effective control of tuberculosis and malaria in the Philippines. The role of the Principal Recipient as shown in the organizational chart in figure 1 shows that it is directly responsible to the GF for the project implementation and financial management of the GF projects by the implementing partners.



Figure 2: Global Fund Malaria Component Project

GF Malaria Component Project

The goal of the malaria GF project is to reduce the malaria morbidity by 70% and mortality by 50% in the 26 priority provinces at the end of 2008 using 2001 baseline data through increasing the proportion of febrile patients receiving early diagnosis and anti-malarial therapy, appropriate reducing malaria transmission through strengthening the vector control. implementation for capacity

sustainable community-based malaria control.

The implementing partners of the GF malaria component project in Phase I were the Department of Health, Malaria Control Program, the Local government units including barangay health centers and Malaria Posts, the Kilusan Ligtas Malaria in the province of Palawan, and the Philippine Rural Reconstruction

Movement which also served as the sub-recipient. In the first year of Phase I, the project was implemented in the 11 highest endemic areas, and in the second year, the project was implemented in the 15 other high endemic areas for malaria as shown in Figure 2.

An external evaluation of the Malaria Component Project after 16 months of implementation showed impressive expansion of the network for diagnosis and treatment to the grassroot level through the barangay microscopy centers and the Rapid Diagnostic Test sites and the strengthening of the existing systems in the Rural Health Units. Already, a decrease in malaria cases was noted in some areas. The awareness about malaria control has increased and some of the municipalities already indicated an ownership of the project.

Project Sites Polymedic DOTS Center, CDO ta CHO, Oroquieta City vorld Viston Zambales Bataan Palawan aco City, Bohol Balamban, Cebu Leyte Sorsogon Tagbilaran **Butuan City** San Francisco, Agusan Sur Meddela, Quirino Cagayan de Oro Bambang, Nueva Vizcaya Santiago City **Puerto Prinsesa** Cainta, Rizal Lucena City, Quezon Sta. Rosa, Laguna San Jose, Antique Kabankalan City, Negros Occ Bacolod City, Negros Occ Gingoog City, Misamis Or Ozamis City, Misamis Occ Iligan City, Lanao del Norte Digos City, Davao Sur Makati Health Cente Tagum City, Davao del Norte Atimonan RHU, Que

Figure 3. Global Fund TB Component Implementing Partners and Project Sites

GF TB Component Project

The TB project aims to reduce TB mortality and morbidity by 50% in 2010 through increased case detection from 58% of estimated cases (all types) of TB in 2003 to 85% in 2007 through: the establishment of

PPMD nationwide and the enhancement of DOTS in the public sector and treatment of MDR-TB in the GLC approved DOTS-Plus pilot project. The implementing partners of the GF TB Component Project are the

Department of Health, National TB Control Program (NTP), the Philippine. Coalition against TB, the World Vision Development Foundation, and the Tropical Disease Foundation.

After 16-17 months of implementation, an external evaluation of the TB project found impressive achievements with 71.7% overall case detection in the 2.9 million populations covered by this PPMD units, 8%

being contributed by the PPMD units. The case detection increased from 21% to 104% with an increase noted also in the public sector DOTS units and an additionality of 4.6% to 54.1%. Treatment outcome showed a 2-month sputum smear conversion of 85% to 92%. The Phase II funding years 3-5 was approved for these two projects with performance rated as exceeding expectations

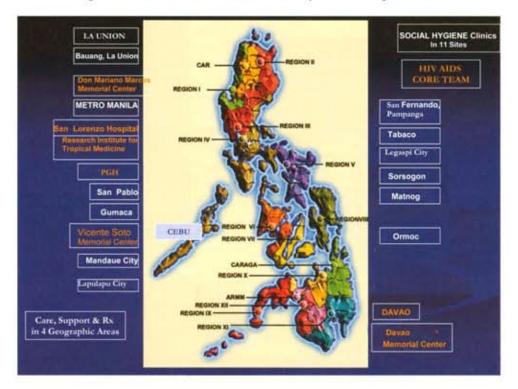


Figure 4. Global Fund HIV/AIDS Component Project Sites

GF HIV/AIDS Component Project

The goal of the Global Fund AIDS project is to contribute to the national goal of preventing the further spread of STI/HIV/AIDS infection & reduce its impact on those already infected & affected. The project aims to improve behavior change communication & STI management among vulnerable groups such as people in prostitution (PIPs),

injecting drug users (IDUs), men having sex with men (MSM), and migrant workers in 11 sites out of the 48 identified risk sites and to scale up voluntary counseling & testing (VCT), support, care & treatment for people living with HIV/AIDS (PLWHA) & their families in 4 geographic areas (Figure 4).

The estimated number of

beneficiaries are located in the 11 targeted risk sites :13,500 people in prostitution (PIPs), 5,500 men having sex with men (MSM), 1,000 injecting Drug Users (IDU) in 2 sites and 18,000 migrant workers (MW)

This project is also expected to lead to better support, care and treatment for 40% of the estimated 6000 PLWHAs (2002) by the year 2009 through the following treatment hubs:1) Metro Manila San Lazaro Hospital (SLH), Philippine Hospital (PGH). Research General Institute of Tropical Medicine (RITM), 2. La Union - Ilocos Training and Regional Medical Center (ITRMC) 3. Cebu Don Vicente Sotto Memorial Medical Center (DVSMMC) and Davao - Davao Medical Center (DMC)

The multi-sectoral partnership in the HIV/AIDS includes the following: Government agencies::Philippine National AIDS Council (PNAC), Department of Health National AIDS/STI Prevention and Control Program (NASPCP) and National Epidemiology Center (NEC), Department of Interior and Local Governments (DILG) and Local Government Units (LGUs). Municipal Health Offices (MHO)/City Health Offices (CHO)/Social Hygiene Clinics (SHC) of the 11 project sites and the Philippine NGO Council for Population, Health and Welfare (PNGOC)

as Sub-Recipient. There are partners: Bidlisiw Foundation, Bicol Reproductive Health Information Network (BRHIN). Inc. Convergence for Sustainable Health Development (CSHDI), Free Rehabilitation. Inc., Economic. Education and Legal Assistance Volunteers Association (FREELAVA), Inc., Leyte Family Development Organization (LEFADO), Mayon Integrated Development Alternatives and Services (MIDAS), Inc. . Media for Development and Integrated Advancement (MeDIA) Inc., PATH Foundation Philippines, Inc., Pearl S. Foundation Philippines, Buck Remedios AIDS Foundation (RAF), Reach Out Foundation International, Rotary Club of San Fernando, La Union The Library Foundation (TLF), Alliance Against AIDS in Mindanao (ALAGAD), Pinov Plus Association, Positive Action Foundation of the Philippines, Inc. (PAFPI)., Treatment Hubs/Hospitals: San Lazaro Hospital, Research Institute for Tropical Medicine, Philippine General Hospital, IT Rregional Medical Center. Dr. Vicente Sotto Medical Memorial Center, and the Davao Medical Center. Assisting the implementing parters are the WHO, and the UNAIDS!



Training on the Country Response Information System (CRIS), the database information system intended to be piloted for the Global Tund project, was facilitated by UNAIDS Consultants Martin Filko and Matthew Cooke.

Global Fund to Fight AIDS, TB, & Malaria

Our Partners and Beneficiaries.....

Malaria Project



One of the recipients of bed-nets



Child living in one of the malaria-endemic areas



Country Coordinating Mechanism (CCM) meeting for Global Fund



Barangay Health Station - place where patients consult and malarial smears are done



Bednet distribution to indigenous population by Ms. Sandii Liwin (GF Portfolio Manager) during one her site visits

Tropical Disease Foundation

ML 11-2005

PPMD Implementors during the GF year-end Program Implementation Review



Gov. Padaca, Dr. Vianzon (DOH-IDO), Dr. Tupasi L. Dr. Policar (Chair, TB-Local Coalition) during the PPMD Launching activity in Santiago, Isabela



World AIDS Day (WAD) on 1 December 2004: Walk for AIDS, Fun Run, symposia, contests, battle of the bands, exhibits, shows, and other ways to generate public awareness on HIV/AIDS.

TB Project



Kabalikat sa Kalusugan: Half-way house for MDR-TB patients





Candlelight
Memorial
commemorating
death of HIV/AIDS
patients to
emphasize the
urgency of fighting
the epidemic



Table 1. Chronology of Events in 2004-2005 in the Implementation of the GF projects on Accelerating the Response to TB, Malaria and AIDS

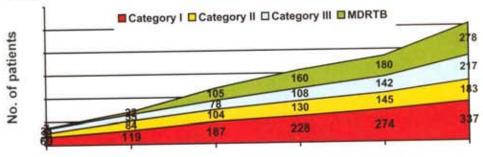
Date	Event
March 2004	LFA assessment of FMS for the HIV/AIDS project by Arlene Manalo
13 April 2004	LFA assessment of PMS plan for the HIV/AIDS project by Dr. John Wong
6 May 2004	LFA assessment of M&E plan for the HIV/AIDS project by Dr. John
9 June 2004	Wong Negotiation with Ms. Sandii Lwin for the grant signing of the HIV/AIDS project
9, 10, 27 June 2004	HIV/AIDS Grant Signing: Principal Recipient by Thelma E. Tupasi, MD 9June 2004. Country Coordinating Mechanism by Antonio S. Lopez, MD: 10 June 2004, Civil Society Representative by Eden R. Divinagracia, PNGOC: 10 June 2004 and Global Fund by Prof. Richard G. A. Feachem: 27 June 2004
1-5 July 2004	1 st Implementation Visit by Ms. Sandii Lwin, GF Portfolio Manager to Davao City for the TB project site (RCC and Davao City PPMD sites) and Puerto Princesa, Palawan for the Malaria Project site.
9-12 Dec 2004	GLC External Review of the DOT-Plus Pilot Project
14-21 Jan 2005	External Review of the GF TB: PPMD project
Dec 2004-Jan 2005	External Review of the GF Malaria Component Project
10 Feb 2005	CCM application for Phase II funding for Malaria and TB
8 Apr 2005	Approval of Phase II funding for Malaria and TB
4 Jun 2005	1st Forum for the Partnership to Fight TB, Malaria and AIDS
25 Jun to 2 Jul 2005	2 nd Implementation visit of Ms. Sandii Lwin, GF Portfolio Manager

MMC DOTS Clinic: Green Light Committee Pilot Project on DOTS-Plus for MDR-TB.

The MMC DOTS clinic was established in February 1999 as a public-private partnership in TB control, between the Makati Medical Center (MMC) and the TDF, representing the private sector, and

the National TB Program (NTP) of the DOH, and Barangay San Lorenzo (BSL), the local government unit, representing the public sector.

Figure 5: Accrual of patients from Feb 1999 to December 2004 with superimposed additionality.



Since its establishment, it has treated more than a thousand patients (Figure 5) contributing to an additional case finding and attaining 18% to the case detection rate at Makati City. (Figure 6)

Public only Public + PPMD --- MMC only 80 65 70 60 50 30 20 10 0 2000 2001 2002 2003 2004 Year

Figure 6 .Case Detection Rate of Public DOTS and PPMD unit Additionality in CDR in Makati City

 $\begin{array}{l} {\rm DOTS\text{-}Plus\ pilot\ project\ at\ MMC:\ worldwide\ centre\ of\ excellence\ in\ the\ management\ of\ MDR\text{-}TB} \end{array}$

Multidrug-Tuberculosis (MDR-TB) was discovered as the reason for failures in patients standard TB treatment. Through the assistance of the World Health Organization, second line anti-TB drugs were obtained for MDR-TB treatment. Eventually, the Green Light Committee (GLC) of the World Health Organization (WHO) Working Group on Multi-drug Resistant (MDR) TB approved the DOTS Clinic as the very first pilot project approved globally in August 2000 providing the TDF access to quality-assured concessionally priced second-line anti-TB drugs, access to technical assistance and to an external monitoring system ensuring rational use of drugs and participation in the creation of a wide evidence base for policy development. Before 2003, funding for this project has been

through fund-raising activities of the TDF, the Philippine Charity Sweepstakes Office, the Barangay San Lorenzo and the United Laboratories Inc. Since the implementation of the GF programs in the Philippines in July 2003, the GFATM has become the major source of funds in the treatment of MDRTB patients.

In the implementation of the DOTS-Plus at the MMC DOTS Clinic, the TDFI has fostered partnership through the Kabalikat sa Kalusugan (KASAKA, Partners in Health) with other local agencies including the Nutrition Center of the Philippines (NCP), the Philippine Tuberculosis Society, Inc. (PTSI), and BSL. The Philippine Amusement and Gaming Corporation (PAGCOR) has supported a housing facility called Bahay ng KASAKA for MDRTB patients.

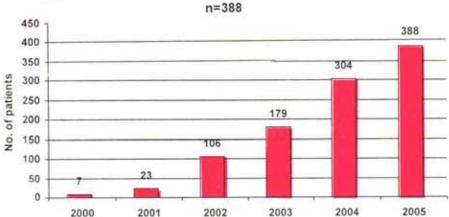


Figure 7. Accrual of MDRTB patients from 2000 -Jul7 2005

Patient accrual

As of July 2005, 388 MDR-TB patients have already been enrolled in DOTS-Plus program. the economic analysis of the first 105 patients showed that the DOTS-Plus using individualized program treatment regimen was found to be highly cost-effective. The GLC has now recommended that the DOTS-Plus be expanded eventually to become an integral part of the NTP. Policy development based on evidence from the DOTS-Plus pilot project is currently underway with the NTP with technical assistance from the WHO. Since its approval, six GLC site visits have been undertaken to the DOTS-Plus pilot project. These were on 16 February 2001, 13 August 2001, 14 March 2002, 13-17 January 2003, 9-12 December 2003. and on December 2004. The latter was lead by GLC Secretariat.Dr. Ernesto Jaramillo, with Dr. Philippe Glaziou of the WHO Western Pacific Regional Office, and Michael Voniatis of the WHO -Country Office. The main findings of the last visit demonstrated that the extent of implementation of the recommendations made by the last GLC monitoring visit is impressive. A DOTS-Plus Task force had been established and was working out a plan to expand DOTS-Plus in Metro Manila. A council of experts for the management of MDR-TB was then now in operation. The chief health officers of Quezon City and Makati were fully supportive City decentralizing DOTS-Plus and its full integration into the DOTS strategy as manifested through a Memorandum of Agreement.

. Ninety eight patients of the new GLC-approved cohort were then enrolled on treatment. Delivery of treatment under direct observation was decentralized, making possible for 50% of the MDR-TB patients to take drugs closer to the household. A treatment facility for MDRTB set-up by TDF was then successfully housing 18 patients that received directly observed treatment, an approach that was enabling access to patients who live in areas far away from DOTS clinics. In addition to the free treatment, the patients received the full package of social support (food, shelter, skills training, occupational therapy and health education), making the initiative highly acceptable to patients, and making it a model for other DOTS-Plus projects.

An economic analysis of DOTS-Plus in a resource constrained country such as ours, is due for publication which shows that the it is feasible and acceptable and is good value for money to treat MDRTB patients.

In conclusion, the GLC monitoring team noted that the progress achieved, the commitment of the TDF and its staff, and the clear support from the NTP and local health authorities, are getting this project very close to become a worldwide centre of excellence in the management of

DOTS-Plus Expansion

At present, the DOTS-Plus project has gone beyond the pilot phase and is now in the expansion phase. The NTP has been involved through the LCP which is the first major step in the decentralization to the public sector. In additions, at least 19 health centers in Metro Manila and one health center in Atimonan Quezon Province, are participating in DOTS-Plus through DOT of patients who come from their catchment areas and are in the continuation phase of treatment. The staff in these health centers had undergone training on DOTS-Plus through the TDF staff. Upon decentralization, supervision and monitoring continue to be done by the TDF ensuring that **MDRTB** management continue to follow the

MDR-TB.

A consensus arrived at in the discussion on the future of DOTS-Plus was the need to take advantage of the momentum created by the success in the DOTS-Plus project, the support from the GFATM, the expansion of the DOTS strategy, and the progress in the 'public private mix' approach through the GFATM, to make management of MDR-TB an integral component of the TB control strategy in the Philippines. As an initial step, it was recommended that NTP pursue mainstreaming of DOTS-Plus into DOTS in Metro-Manila, and to selected sites in other provinces where DOTS strategy is fully implemented and doing well including the 'public private mix' sites.

approved guidelines of the GLC even beyond its confines.

The long-term goal of the DOTS-Plus program of the MMC DOTS Clinic is to establish a program of management for MDR-TB in collaboration with the NTP towards policy development on MDR-TB within the National TB Control Program of the DOH. More satellite treatment centers are intended to be put up in strategic locations in the country so that MDRTB patients in these areas have easier access to the strategy. It is also envisioned that a Center of Excellence be established in the Philippines to become a training center in DOTS-Plus not only for partners in the Philippines but in the Asian region as well.

Quality Assured Research Laboratory of the Tropical Disease Foundation

The TDF Research Laboratory was established in 1988, inaugurated on Feb1 by Professor Calvin Kunin, chair of the International Advisory Board of the TDF. It has done the laboratory support for the 1997 NTPS under quality assurance by the Korea Institute of Tuberculosis.

The TDF participates in Quality Assurance for DST of Mycobacteirum tuberculosis under the supervision of the Korea Institute of Tuberculosis. In the 9th round of the DST Proficiency Testing for National Reference Laboratories in 2004, The results show 100% rate for detection of sensitivity and reproducibility obtained

for all the first four-line drugs namely Isoniazid (INH), Rifampicin (RMP), Ethambutol (EMB) and Streptomycin (SM). A 100% rate for detection of resistance was noted for Isoniazid (INH), Rifampicin (RMP), and Ethambutol (EMB) and an 83.3% detection rate for resistance in SM. The concordance was 100% for INH, RMP and EMB and 90% for SM.

The 10th Round Proficiency Analysis on Drug Susceptiblity Testing of National Tb Reference Laboratories conducted by the Korean Institute of Tuberculosis on 30 strains for *M. tuberculosis is* on-going and results will be available by August.

Table 2. Results of the 9th round DST proficiency test

	INH	RMP	EMB	SM
S detection rate	11/11(100%)	15/15(100%)	8/8(100%)	12/12(100%)
R detection rate	19/19(100%)	15/15(100%)	22/22(100%)	15/18(83.3%)
Reproducibility	10/10(100%)	10/10(100%)	10/10(100%)	10/10(100%)
Concordance rate	30/30(100%)	30/30(100%)	30/30(100%)	27/30(90%)

External Quality Assessment for AFB Smear Microscopy

External Quality Assurance for AFB Smear Fluorescence Microscopy done at the Tropical Disease Foundation was done at the Bangkok National TB Reference Laboratory (NTRL) with the kind support of Dr. Armand Van Deun and Dr. Somsak Rienthong, International Union Against TB and Lung Diseases Collaborating Center in the context of support to microscopy services project of IUATLD / ITM . According to Dr. van Deun, since this type of EQA is considered as not yet standardised, this could be the start of an operational research project.

Following the new guidelines

on External Quality Assessment for AFB Smear Microscopy by the IUATLD, utilizing the annual volume of slides read based on 2004 which was 12,995, and a smear positivity rate (SPR) of 17% year with relative sensitivity set at 90%, a sample size of 133 annually divided into 34 slides per quarter was obtained. Of the 34 slides, sent to Bangkok TB NTRL an over-all agreement of 94.1% was reached between the TDF microscopists and Bangkok NTRL assessors. There were identified, minor errors a quantification error and one major error false negative reading.

Table 3. Results of the External Quality Assurance for AFB Smear Fluorescence
Microscopy

Results by		Result	s by Micros	scopist (TDF	Reading)	
Assessor (NTRLC)	Neg	Actual Count	1+	2+	3+	Total
Neg	29	-	-	-	-	20
Actual Count	-			-	12	-
1+	1		1	1	2	3
2+	-			î		3
3+	2	-	-	2		- 1
Total	30	-	1	2	1	34

Centers for Disease Control and Prevention, US Public Health Service Cooperative Agreement Number US50/CCU024321-02(09/15/04 – 6/15/2005) "Improving Effectiveness of the Diagnosis of TB in the Philippines"

The four main objectives of the cooperative agreement are the development of a sustainable Center of Excellence on DOTS-Plus for MDR-TB treatment and care, development of local capacity in Infection Control for the prevention of transmission of TB and MDR-TB in the workplace, enhancing the data management system for DOTS-Plus including DOTS as a backup of the TB program component of the Global Fund project for the Philippines, and participating in the evaluation project named "Preserving the Effectiveness of Treatment for drug-resistant TB with Second-line drugs (PETTS)".

Along the first objective, training of trainers has been initiated with the participation of Dr. Quelapio, Executive Officer and Program Manager of the DOTS Clinic and DOTS-Plus pilot project in the first training for DOTS-Plus Consultants in Riga, Latvia, WHO Collaborating Center 9-13 May 2005 and thereafter, she proceeded with the second training on for TB program managers and consultants for TB and TB/HIV in Sondalo, Italy 18-31 May 2005. In

addition, Dr. Ruth Orillaza, DOTS Medical Officer, participated in the training course on Managing Medicines and Pharmaceutical Supplies for Tuberculosis conducted by MSH in Cairo 8-12 May 2005.

Designing a training program including modules and materials for training courses for physicians, nurses, and community health workers has been developed by the training committee composed of DOTS Clinic Staff: Dr. Quelapio, Dr. Orillaza, Nona Rachel Mira, MPh. Dr. Lualhati Macalintal, Dr. Lawrence Raymond with the

help of a training consultant, Ms. Ruby Canonizado. Training Plan for DOTS-Plus included the training of trainers and the development of a training team. Ms. Nona Rachel Mira was selected to be the training officer.

Infection Control Training Plan/Course was developed. The objective is to prevent transmission of TB in the workplace: Ms. Grace Egos, laboratory supervising technologist, was in charge of this module. This is a didactic course which deals with administrative controls, engineering

controls, and personal protection designed for health care workers physicians, nurses, including clinic and laboratory technologists and aids. has training course This undertaken at the Clinic/Laboratory of the TDF and at the Quezon Institute satellite DOTS-Plus treatment center and in the "Bahay", the housing facility set up by the TDF for MDR-TB patients on treatment. This lecture is also incorporated in the Training for Physicians and Nurses.

Fit testing of N95 respirators for laboratory and clinic staff have been conducted every six months at the TDF and once in the Lung Center

of the Philippines.

Significant advances have been made in the Data Management of DOTS and DOTS-Plus through the Cooperative Agreement. The original version of the Electroni TB Register (ETR) kindly provided by the CDC has been modified and installed requirements. according to NTP Reports for DOTS program are generated every quarter for submission to the Department of Health (DOH). The ETR has been endorsed to the DOH for application on the Global Fund TB data initially and nationwide

eventually.

Electronic Medical The Records (EMR) for data management of DOTS-Plus has been installed with the assistance of the Partners in Health Staff led by Dr. Hamish Fraser and his team. Darius Jazaveri, computer scientist, and Sharon Choi, trainor. The system was installed on 15-19 October 2004 and training of the MMC DOTS, pharmacy and laboratory, management staff on data entry were undertaken and continue to be done through teleconference. Basic data analysis was also taught to the data management staff.

The EMR was pilot-tested on the MMC DOTS-Plus data and as expected, more modifications to the system were needed to meet the needs of the different users. For additional training of the staff, specifically on data analysis, Sharon Choi came for a second visit on 1-4 February 2005. Darius Jazayeri made further modifications to the system and installed the backup server on 7-15 The EMR is now March 2005. operational with the clinic, the laboratory, and the pharmacy staff entering simultaneously data not only on DOTS-Plus but on all TB patients.

Research Programme

Research projects are done in collaboration with local and foreign institutions and universities. The research programme helps to establish linkages in order to facilitate technology transfers. Since 1987, research projects have been conducted on a variety of infectious disease problems. Most of the research activities undertaken are related to the service program at the DOTS Clinic.

Clinical Trial

DMID Protocol Number 01-009 Version 1.3: Prospective Study of Shortening the Duration of Standard Short Course Chemotherapy from 6 Months to 4 Months in HIV-non-infrected Patients with Fully Drug Susceptible, Non-cavitary Pulmonary Tuberculosis with Negative Sputum Cultures after 2 months of anti-TB treatment.

Case Western Reserve University School of Medicine, Cleveland, Ohio, USA, Núcleo de Doenças Infecciosas (NDI); Universidade Federal do Espírito Santo, Vitória, Brazil Makerere Medical School; Uganda-CWRU Research Collaboration; Kampala, Uganda Tropical Disease Foundation; Makati Medical Center; Makati City, Philippines

Background and Rationale

The duration of standard short course chemotherapy is one of the major obstacles to its successful application and poses substantial challenges to programs with respect to patient adherence, program resource needs. and logistical requirements for directly observed therapy. Six months is a long time and patients frequently discontinue anti-TB treatment once their symptoms have improved. Shortening anti-TB treatment is a high priority for tuberculosis control programs.

Shortening of anti-tuberculosis treatment is possible with new drugs with improved sterilizing activity that can more rapidly and effectively kill tubercle bacilli especially populations of slowly metabolizing organisms. However, there are few new TB drugs available with these desired properties. Anti-TB treatment with the existing standard anti-TB drugs may be possible in certain patients with clinical and microbial characteristics at baseline or early during treatment that are associated with good long term outcomes shortened following treatment existing drugs. This study is based on this

approach.

The objective of this clinical trial is to assess the efficacy of shortening anti-TB treatment to 4 months in HIV-noninfected adults with drug-susceptible, noncavitary pulmonary tuberculosis who convert their sputum culture to negative after 2 months of treatment.

Recruitment and Enrollment

Screening in the Philippines began on November 17, 2003; the first subject was randomized on June 21, 2004. As of August 1, 2005, a total of 217 patients have been pre-enrolled. Of those pre-enrolled, 30 were sputum smear positive of whom 27 were culture positive. Of the 187 sputum smear negative patients, 63 were culture positive, were culture negative, 13 had mycobacteria other than tuberculosis, 16 patients have pending cultures.

Of 90 Mycobacterium tuberculosis isolated, 61 were pansusceptible, 24 were drug resistant, 2 have pending drug sensitivity test and 3 isolates were not tested. A total of 115 patients have been dropped due to

negative cultures (98), MOTT (13), DR/MDR strains (24), and no DST done in 3.

Randomization

Of 61 patients with pansusceptible strains, 43 subjects (18 sputum smear-positive) have been randomized and enrolled in DMID 01-009 to date. Ten subjects will be randomized after the required number of TB treatment doses has been completed. The remaining 8 patients have been dropped. (Table 4)

Table 4. Sputum Smear and Culture of 217 pre-enrolled patients in the Philippine Site

Culture	AFB positive	AFB negative	All	
	N= 30 (%)	N=187 (%)	217 (%)	
Positive for MTB	27 (90)	63 (31)	90 (41.5)	
Culture pending	0	16	16	
MOTT	1	12	13	
Negative	2	96	98	
DST pending	0	2	2	
DR/MDR	3	21	23	
DST not done	0	3	3	
Pan-susceptible	24 (88)	37 (58.7)	61 (67.8)	
Randomized	18 (75)	25 (67.6)	43(70.5)	
For randomization	4 (16.7)	6 (16.2)	10 (16.4)	
Dropped	2 (8.3)	6 (16.2)	8 (13.1)	

Coordination with TBRU-CWRU

Biweekly teleconference with Dr. Henry Boom, Dr. John Johnson, Dr. Kathleen Eisenach, Libby Horter and Dana Jankus of TBRU CWRU has been conducted. In addition to this, site visits from the team have like wise taken place.

Site visits:

1. Libby Horter (7-11 November 2004) Horter reviewed records. including source documents, patient files, CRF binders, electronic logs, images and drug electronic She discussed accountability logs. screening and laboratory source documentation, concerning laboratory request forms and database entry. She also made an audit of the regulatory binder as well as of the first three randomized patients. Some health centers in Makati and Quezon City were also visited. As a result of the sessions, revisions on some of the CRFs were recommended.

2. Dr. Henry Boom June 7, 2005. Progress of patient enrollment and problems in the project implementation were discussed with him.

3. DMID, NIAID Monitoring visit
Dr. Agnes Olson made a DMID,
NIAID clinical monitoring visit on 1418 February 2005 to audit the
Regulatory File, the source documents
and CRFs of ramdomized patients and
review investigational agent
accountability and informed consents.

Preserving the Effectiveness of Tuberculosis Treatment With Second-Line Drugs (PETTS)

The Green Light Committee is a subgroup of the International Working Group on MDR TB which aims to increase access to these TB drugs while at the same time preventing the emergence of resistance. This study will evaluate the extent to which the

GLC has achieved its goals.

Programmatic, clinical, and social factors in resistance amplification will be evaluated. Prospective standardized data on MDR TB patients receiving 2nd-line drugs in GLC-approved and

Logistics Management: The Backbone of An Effective National Tuberculosis Program (An Assessment of the Drug Management System in CHD CARAGA)

Background: The Philippines is a recipient of a grant from Global Drug Facility of TB drugs for Private-Public Mix DOTS centers. TB drugs for 5,000 cases in 2004 and for 50,000 cases for 2005 will be made available. GFATM project also supports the procurement of TB drugs. A total of US\$600,000 was earmarked in years 2006 and 2007 for drug procurement. These are augmentations to the budget and to the TB drugs being procured by the National Tuberculosis Program.

In the country, there is an existing distribution system for DOH procured core essential drugs — Contract Distribution System (CDS). This system gets the core essential drugs where they need to go and makes sure supplies are always available for clients. If the CDS fails and there are no drugs on hand, then the NTP activities will fail.

CDS operates in both a push and a pull system. A push system is one in which the top level decides on when and how many to allocate and distribute. whereas, in a pull system, the number of allocation and the frequency distribution is determined by the reports and requests made by the peripheral units. The way CDS was designed core essential drugs coming from the DOH and CHDs are delivered quarterly directly to the Rural Health Units, Main Health Centers and hospitals by a contracted private distributor.

Objective and Methods: The purpose of this study is to assess the status of the drug management system in CHD CARAGA. In order to attain this objective 3 methodologies were employed: a.) Key Informant Interview to obtain an overview the pharmaceutical management operations; Indicator-based b.) Assessment (using 3 assessment tools: inventory data form, stock out data form, and drug use data form) to assess the four components of drug management system; and c.) Focus Group Discussions to uncover reasons for drug management problems.

Study Sites: The 26 study sites were determined through the use of a multitiered randomized sampling frame. CHD CARAGA was the first tier. The three component cities (Bislig, Butuan and Surigao) formed the second tier. The four provinces (Agusan del Norte, Agusan del Sur, Surigao del Norte and Surigao del Sur) made up the third tier. The municipalities in the four provinces made up the last tier. Municipalities were grouped according to their income classification (1st class, 2nd class, etc.). The number of municipalities drawn from each income classification was based on the proportion to the total number of municipalities. Municipalities were selected randomly.

Results: Of the 26 facilities included in this study, 24 or 92% have no written procedure for stock management. Twenty percent (8/18) have no trained person responsible for stock management, and 33 % (6/21) have no trained person for dispensing. Review of records over a twelve month period from the study date (October 2003 - September 2004) revealed that 32% of the time, indicator drugs was out of stock. Seventy seven percent (20/26) have no drugs for the SCC intensive phase; 42% (11/26) have no drugs for SCC maintenance phase; 58% (15/26) have no FDC A; and 62% (16/26) have no FDC B stock. Fifteen of 23 facilities (65%) do pull (collection) system. While 62% use stock cards (13/21), only an average percentage of 42 have inventory records corresponding exactly with the actual physical count.

Recommendations: Among the recommendation are:

1. Providing clear, written procedure on drug management, specifically on forecasting, recording and reporting, and reordering and distribution is essential. It is important to note that in most of the peripheral units, if not all, being a logistics manager is just one of the so many responsibilities one has

to take. Providing clear, written procedure would at least guide those incharge of the tasks to do.

3. Provide a venue for assigned logistics managers for proper training on forecasting, recording and reporting, and reordering and distribution.

 Ensure availability of a secured storage space. Anecdotal reports were obtained claiming that one reason why actual count of drugs doesn't correspond with the records is pilferage.

 Monitoring stock balances on a regular basis is a must to avoid stock outs.
 Operating on a pull system or on a push system alone will never be enough. It has to be a combination of both.

Researches Completed

Linezolid vs. Vancomycin /Oxacillin /Dicloxacillin in the Treatment of Catheter-Related Gram-Positive Bloodstream Infections

This is a multicenter clinical trial IND No. 49195 to evaluate the efficacy of Linezolid as treatment for intravenous catheter related infections

and started in the Philippines from 22 August 2002 until May 2005. Nine patients have been enrolled from our center.

Promoting Global Research Excellence in Severe Sepsis (PROGRESS) An International Observational Study among Severe Sepsis Patients Treated in the Intensive Care Unit.

This descriptive study is undertaken by the Infectious Disease Fellows for one year duration – September 2003 to September 2004. A total of 92 patients was enrolled from our center. Data have been submitted at the central coordinating unit of the sponsor, Eli Lilly Co.

TRAINING PROGRAMME

By the nature of its mission and vision, the Tropical Disease Foundation provides for the opportunity through linkages with national and international organizations to enhance human resource capability through training in various aspects of research and service in the control of infections diseases. There are two programs which it undertakes, the intramural program which enhances the capacity

of its own human resources in its staff and members of the organization and through extramural programs that it provides for health personnel outside the organization.

The extramural training program includes fellowship training in infectious diseases and training for health workers in the implementation of the DOTS-Plus programs.

Fellowship Program in Infectious Disease

Post residency training residents from internal medicine or pediatrics have been admitted into the two year training program, with an optional third year. There have been

thirteen graduates of the program who have become outstanding leaders in infectious diseases in their own right. (Table 5).

Table 5. Graduates of the Fellowship Program

Fellows	Years
Marivyl Javato	1987-88
Rebecca Littaua	1987-88
Maria Lourdes Gomez-Gozali	1988-89
Mamerto G. Garvez	1989-90
Vilma M. Co	1991-92
Ellamae M. Sorongon-Divinagracia	1993-94
Evelyn Alesna	1995-97
Maria Imelda D. Quelapio	1996-98
Maria Lourdes A. Villa	1997-99
Carmela A, Rívera	1998-2000
Faith D. Villanueva	1999-2001
Maria Tarcela S. Gler	2002-2004
Gamaliel Garcia	2002-2004

Exchange Fellowship Training in Collaboration with Mayo Clinic

The TDF has entered into a memorandum of understanding to

initiate an exchange fellowship training in infectious disease. Through this MOU, fellows in infectious diseases from the TDF/MMC will rotate for four weeks at the Mayo clinic and in return, fellows from the Mayo Clinic will rotate for four weeks at the MMC. The first trainee who has participated in this rotation was Dr. Maria Tarcela Gler who spent 8 weeks rotation in Mayo Clinic in October 2004.

Table 6. Training courses conducted on DOTS-Plus

Date	Venue	Number	Trainees
Oct 2003	St. Claire Patronage of the Sick Poor Community Center, Pandacan, Manila	20	Community health volunteers from Pandacan and Sta. Ana, Manila and Cavite
Nov 2003	Conference Room, St. John Bosco Parish Church, Makati City	25	Community health volunteers from faith based organization, barangay health workers from Pasay, Manila, and Makati, Health volunteers from the Community of German Doctors
Dec 2003	TDF	4	Manila Health Department
Dec 2003	Makati City Health Department	37	Public Health Workers
Dec 2003	Makati City Health Department	30	Public Center Doctors and Nurse supervisors
Jan 2004	Conference Room, Sto. Nino de Tondo Parish Church, Manila	24	21 Community health volunteers, 1 nurse, 1 midwife, 1 barangay health worker
June 2004	Makati Medical Center	40	11 doctors, 25 nurses, 4 midwives
Aug 2004	Makati Medical Center	38	12 midwives, 25 barangay health workers, 1 nursing aide
Dec 2004	Training Center, Center for Health Development, National Capital Region	32	14 health center MDs, 12 health center nurses, 1 health center midwife, 3 MDs from the Armed Forces and Police hospitals, 1 municipal health officer, 1 municipal health nurse
Mar 2005	Makati Medical Center	21	Medical Officers and Public Health Nujrses of NTP Health Centers and Private and Pujblic DOTS Facilities
Apr 2005	National Capital Region CHD Training Center	36	Barangay Health Workers
May 2005	Atimonan Rural Health Unit	28	Rural Health Midwives and BHWs

Guidelines on Antimicrobial Therapy

This manual is a biennial project of the foundation intended to provide physicians with a handy reference on empiric antimicrobial therapy. This is part of the foundation's contribution to the fellowship training program, as fellows take active part in the project by

providing evidence-based data to update antimicrobial information and recommendations. The first edition published in 1988 was followed by subsequent editions in 199 0, 1993, 1996, 1998 and 2000. The latest edition was published in 2004.

Training on DOTS and DOTS-Plus for Community-Based DOTS-Plus in the Management of TB

Efforts to involve implementers of the Philippine National Tuberculosis Program (NTP), non-governmental organizations (NGOs) and faith-based organizations offering health care services in DOTS-Plus were started in September 2003. Training for Community Health Volunteers (CHVs) health and care professionals. including physicians, nurses and midwives was undertaken to develop MMC DOTS Clinic Community Treatment Partners (CTPs)

A total of 9 training sessions (Table 6) on DOTS-Plus for community-based implementation were conducted by the MMC DOTS Clinic staff from October 2003 to December 2004. Of these, 5 training sessions were participated in by physicians and nurses, mostly from public health centers. Four training sessions were organized for community health volunteers from faith-based organizations, governmental organizations, and public health centers. A total of 250 trainees participated in these training sessions

Intramural Training Program:

The Intramural training program is shown in Table 7 which includes all training programs undertaken from 2004-2005 in national training programs as well as in international training programs in the laboratory and program implementation of the projects it undertakes in research and service on TB, Malaria, HIV/AIDS.

Data	Table 7. Intramural Training Program for TDF Sta Topic/Venue	Participants
Date	TBRU/DMID/PPD Clinical Monitoring Workshop (TBRU,	Christine Asonio RN
uly 25-27, 2005	Case Western Reserve University) Cleveland, Ohio, USA	Maria Rosario Alcaneses, MD
lune 25 - 30, 2005	Procurement and Supply Management Workshop 2005,	Norma G. Miranda
une 25 – 50, 2005	Bangkok	Normita D. Leyesa
	Bangkok	Ianne Mencidor
12.10.2005	TB/HIV Operations Research Training Course (CDC)	Vilma M. Co, MD
lune 13-18, 2005	A STATE OF THE STA	Rosario Alcaneses, MD
	Lilongwe, Malawi	Onofre Edwin Merilles Jr., RN
	Charles and Parketine Citable Interpreting	
May 23-27, 2005	Monitoring and Evaluation of Health Intervention	Vilma Co, MD
	Programs, College of Public Health	Lourdes Pambid, MPH
	U.P., Manila	Onofre Edwin Merilles Jr., RN
	Consect Street Annual State of Transfer Section Section 19 (1971) and 1971 (19	Evangeline Soliveres, CPA
May 18-31, 2005	Training Course for TB Program Managers and	Ma. Imelda D. Quelapio, MD
	Consultants, Sondalo Hospital	
	WHO Collaborating Center for the Control of TB and	
	Lung Diseases, Tradate, Italy	The state of the s
May 10-14, 2005	SEAMEO-TROPMED Network GTZ Backup Initiative-	Vilma Co, MD
	Workshop on Programme Management and Coordination	Onofre Edwin Merilles Jr., RN
	Bangkok, Thailand	Lourdes Pambid, MPH
May 10, 2005	Online training Regulatory Document Guidelines and	Thelma E. Tupasi, MD
ACTOR AND	Source Document Standards For DMID Clinical Studies	Christine Asonio, RN
	Tropical Disease Foundation, Makati Philippines	
May 9-13, 2005	First Training for DOTS-Plus Consultants (WHO)	Ma. Imelda D. Quelapio, MD
	WHO Collaborating Center, State Agency for TB and Lung	N. 14 10
	Disease, Riga, Latvia	
May 8-12, 2005.	Managing Medicines and Pharmaceutical Supplies for	Ruth Orillaza, MD
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tuberculosis, conducted by MSH, Cairo, Egypt	
May 4, 2005	Online training on Regulatory Document Guidelines and	Ruth Orillaza, MD
may Appear	Source Document Standards For DMID Clinical Studies	Lawrence Raymond, MD
	Tropical Disease Foundation	Ma. Rosario Alcaneses, MD
	Makati, Philippines	Ma. Tarcela Gler, MD
	Makau, rumppines	Lualhati Macalintal, MD
		Nellie Mangubat, BSFT
		Ruffy Guilatco, BS Biostat
		Maricar Galipot, BS Biostat
		[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
		Grace Egos, MS
		Henry Evasco, BS Microbiology
		Michael Evangelista, BSMT
		Primrose Bilangbilin, BSMT
April 18-22, 2005	Fundamentals on Data Management for DMID Clinic	Nellie Mangubat, BSFT
	Trials	Ruffy Tuilatco, BS Biostat
	Bangkok, Thailand	Ma. Tarcela Gler, MD
Apr. 4- 8, 2005		
	Basic Sputum Microscopy, Antipolo City, Philippines	Mark Lester Bernardino, BSMT
Mar 28- Apr 1,2005	Basic Sputum Microscopy, Antipolo City, Philippines Basic Sputum Microscopy, Antipolo City, Philippines	Mark Lester Bernardino, BSMT Claudette V. Guray, BSMT
Mar 28- Apr 1,2005	Basic Sputum Microscopy, Antipolo City, Philippines	
	Basic Sputum Microscopy, Antipolo City, Philippines	
Mar 28- Apr 1,2005 Feb. 14-25, 2005	Basic Sputum Microscopy, Antipolo City, Philippines Sensitization Programme on PPM Projects and DOTS	Claudette V. Guray, BSMT
Feb. 14-25, 2005	Basic Sputum Microscopy, Antipolo City, Philippines Sensitization Programme on PPM Projects and DOTS Management, National TB Institute, Bangalore, India	Claudette V. Guray, BSMT
Feb. 14-25, 2005 Feb. 14 – Mar. 9	Basic Sputum Microscopy, Antipolo City, Philippines Sensitization Programme on PPM Projects and DOTS Management, National TB Institute, Bangalore, India Integration of JCRC Lab Database	Claudette V. Guray, BSMT Onofre Edwin Merilles Jr., RN
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INDEPENDENT AUDITOR'S REPORT

The Board of Trustees TROPICAL DISEASE FOUNDATION, INC.

Makati Medical Plaza Building, Amorsolo St., Legaspi Village, Makati City

We have audited the accompanying balance sheets of TROPICAL DISEASE FOUNDATION, INC. as of December 31, 2004 and 2003, and the related statements of receipts and expenses and changes in fund balance, and cash flows for the years then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards in the Philippines. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements present fairly, in all material respects, the financial position of TROPICAL DISEASE FOUNDATION, INC. as of December 31, 2004 and 2003, and of the results of its operations and its cash flows for the years then ended in accordance with generally accepted accounting principles in the Philippines.

. Valles & associates

Partner

CPA Certificate No. 031628

PTR No. 9445320C - 01/11/05

TIN 123 - 046 - 974

PRC - BOA Reg. No. 0314

Issued on November 3, 2003

Valid until November 3, 2006 SEC Accreditation No. 0139 - A

Issued on May 6, 2004

Valid until May 6, 2007

Makati City, Philippines April 14, 2005

Carlos J. Valdes & Associates is a correspondent firm of RSM International

TROPICAL DISEASE FOUNDATION, INC.

(A Non - Stock, Non - Profit Organization)

BALANCE SHEETS

(In Philippine Peso)

	Decembe	r 31,
ASSETS	2004	2003
CURRENT ASSETS		
Cash (Note 2)	6,168,321	11,440,093
Short term investments (Note 3)	4,311,515	1,148,05
Advances	213,118	190,153
Prepaid rent		16,84
Total current assets	10,692,954	12,795,139
NON - CURRENT ASSETS		
Property and equipment, net (Notes 2 and 4)	17,813,175	15,886,346
Refundable deposits	778,204	752,304
Other assets (Note 5)	174,000,108	68,975,046
Total non - current assets	192,591,487	85,613,690
TOTAL ASSETS	203,284,441	98,408,829
LIABILITIES AND FUND BALANCI	E	
CURRENT LIABILITIES		
Accounts payable and accrued expenses	2,602,039	4,180,322
NON - CURRENT LIABILITIES		
Funds held in trust (Note 6)	163,042,133	72,906,531
FUND BALANCES	37,640,269	21,321,976

See Notes to Financial Statements

TROPICAL DISEASE FOUNDATION, INC.

(A Non - Stock, Non - Profit Organization)

STATEMENTS OF CASH FLOWS

(In Philippine Peso)

For the years ended December 31,	2004	2003
CASH FLOWS FROM OPERATING ACTIVITIES		
Excess of receipts over expenses	16,318,293	14,035,628
Adjustments for:	100000	14,000,000
Depreciation	2,865,509	1,890,048
Gain on sale of assets	(204,999)	
Provision for probable losses on investment	(365,964)	49,223
Prior period adjustment		3,225,729
Operating income before working capital changes	18,612,839	19,200,628
Working capital changes:		
(Increase) Decrease in:		
Advances	(22,965)	(58,829
Prepaid rent	16,842	(16,842
Refundable deposits	(25,900)	(130,670
Other asset	(105,025,062)	(68,975,046
Increase (Decrease) in:	(10013331010
Accounts payable and accrued expenses	(1,578,283)	4,192,675
Plan liabilities	-	(1,257,322
Net cash from operating activities	(88,022,529)	(47,045,406
CASH FLOWS FROM INVESTING ACTIVITIES		
Additional investments	(2,797,500)	1.664.684
Acquisition of property and equipment	(4,792,345)	(16,658,312
Proceeds from sale of property and equipment	205,000	110,000,012
Funds held in trust	90,135,602	72,906,532
Net cash from investing activities	82,750,757	57,912,904
NET INCREASE IN CASH	(5,271,772)	10,867,498
CASH, BEGINNING	11,440,093	572,595
CASH, ENDING	6,168,321	11,440,093

See Notes to Financial Statements

NOTE 4 - PROPERTY AND EQUIPMENT

This account consists of:

	Condominium	Leasehold improvements	Laboratory and office equipment	Transportation, furniture and fixtures	Total
Cost					10000
Add: Additions Less: Disposals	P 5,486,436	P 3,798,376 675,672	9 8,218,093 2,852,443	4,339,870 1,264,231 513,750	P 21,842,775 4,792,346 513,750
Balance, Dec 31, 2004	5,486,436	4,474,048	11,070,536	5.090,351	26,121,371
Accumulated depreciati	ion				
Beginning balance Add: Provisions	183,096 274,322	165,652 814,887	4,872,680 889,274	735,007 887,027	5,956,435
Less: Disposals		-	007,274	513,749	2,865,510 513,749
Balance, Dec 31, 2004	457,418	980,539	5,761,954	1,108,285	8,308,196
Net Book Values					
December 31, 2004	₽ 5,029,018	₽ 3,493,509	¥ 5,308,582	P 3,982,066	P 17,813,175
December 31, 2003	₽ 5,303,340	P 3,632,724	P 3,345,343	₽ 3,604,933	p 15,886,340

Depreciation charged to operations during the year amounted to ₱ 2,865,509 and ₱ 1,890,048 in 2003.

NOTE 5 - OTHER ASSETS

This account consists of:

Char	_	2004	_	2003
Global Fund Malaria TB HIV Case Western Reserve University (CWRU) World Health Organization (WHO)	Þ	107,854,435 47,537,551 17,601,909 629,630 376,582	p —	38,707,193 26,875,190 - 2,274,383 1,118,280
	B	174,000,108	p	68,975,046

The aforementioned accounts are cash in banks held by the Foundation for specific projects.

NOTE 6 - FUNDS HELD IN TRUST

These funds are entrusted to the Foundation, which are restricted as to its expendability. Details are as follows:

	-	2004	_	2003
Global Fund Case Western Reserve University (CWRU)	P	161,203,070 1,839,063	B	69,997,619 2,908,912
	_ p	163,042,133	p	72,906,531

NOTE 7 - AUTHORIZATION FOR ISSUE OF FINANCIAL STATEMENTS

The Foundation's financial statements for the year ended December 31, 2004 were reviewed and authorized for issue by the Board of Trustees on April 14, 2005.

Publications Abstracts

2005

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Rivera AB, Tupasi TE, Balagtas ED, Cardaño RC, Baello BQ, Quelapio MID, Villa MLA, Pascual MLG, Co VM, Mantala MJ 7th Western Pacific Congress of Chemotherapy and Infectious Diseases, 11-14 December 2000, Hong Kong Convention Center, Hong Kong (abstract)

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Participation in Conferences

International

Meeting of the Strategic and Technical Advisory Group on Tuberculosis (STAG-TB) June 20-22, 2005 (WHO/HQ, Geneva) Thelma E. Tupasi. MD, Acting Chair of the WHO Working Group on DOTS-Plus

GF Improving the Effectiveness of Health Investments in Developing Countries: How is Performance –Based Funding Working, June 17 – 19, 2005 (Wilton Park, Sussex, UK) Thelma E. Tupasi, MD

Technical Consultation on the Asia Pacific Strategy for Emerging Diseases, June 15 – 17, 2005 (WHO, Manila) Thelma E. Tupasi, MD

24th International Congress of Chemotherapy, June 4-6, 2005, (Manila, Philippines) Globalization of MDR-TB, Thelma E. Tupasi DOTS-Plus: Country Experiences, Ma. Imelda Quelapio

23rd Quadrennial Congress of the International Council of Nurses May 29, 2005 (Taiwan, Taipeh) Nona Rachel Mira: DOTS-Plus Pilot Project Experience, Manila, Philippines

Stop TB Coordinating Board Meeting, May 3 – 4, 2005 (Addis Ababa, Ethiopia) Acting Chair of the Working Group on DOTS-Plus for MDR-TB, Thelma E. Tupasi, MD

5th International Symposium on Antimicrobial Agents and Resistance (ISAAR 2005) April 27 – 29, 2005 (Seoul, Korea) Thelma E. Tupasi, MD DOTS-Plus Strategy Meeting, April 18
– 19, 2005 (Chateau du Penthes,
Geneva) Designation of Dr. Thelma E.
Tupasi as Acting Chair, WHO Working
Group on DOTS-Plus

WHO, Third Meeting of Public Private Mix Subgroup, April 4-6, 2005 (Manila Pavilion, Manila) Thelma E. Tupasi, MD, Christian Auer, PhD

SEAMEO TROPMED GTZ Back-up Initiative Wrap-up Meeting April 4-6, 2005 (Chiang Rai, Thailand) Lourdes Pambid

American Thoracic Society World Health Organization Project to develop an International standard of care for tuberculosis. February 17 – 18, 2005 (WHO, Geneva) Thelma E. Tupasi, MD, member of International Advisory Board on International Standards of Care

35th Union World Conference on Lung Health:: Tuberculosis in High Burden Countries-I – October 28 to November 1, 2004 (Paris, France) Thelma E. Tupasi, Ma. Imelda D. Quelapio Ruth Orillza, and Grace Egos

5th DOTS Expansion Working Group Meeting, October 27 – 28, 2004 (Paris, France) Mainstreaming of DOTS-Plus to DOTS, Thelma E. Tupasi, MD and Ma. Imelda D. Quelapio, MD

Meeting of the Writing Committee for the Guidelines on the Management of MDR-TB in low resource areas, September 14 - 15, 2004, (WHO, Geneva) Thelma E. Tupasi, MD

National

DOTS Plus Orientation and Training, June 28 – 29, 2005 (MMC, Makati City) Ma. Imelda D. Quelapio, MD, Ruth Orillaza, MD, Nona Mira RN, Lualhati Macalintal, MD

26th Annual Convention Re: Common and Emerging Problems in Infectious Diseases, Practical Solution and Strategies (PSMID) Nov 25 – 27, 2004 (EDSA Shangri-la, Makati City)

Third Country Training Program on the Training of Trainors for Standardized Sputum Microscopy, Nov 14 – 26, 2004 (RITM, Mandaluyong City) Grace Egos and Virgilio Galimba, Jr.

AIDS Society of the Philippines Re: HIV/AIDS Leadership in Action, Sept 27, 2004 (RCBC, Makati City) Vilma M. Co, MD and Albert Eugenio

PhilCAT Regional Planning, Sept 23 – 24, 2004 (Davao City) Thelma E. Tupasi, MD, Onofre Edwin Merilles, Johanna Banzon

PhilCAT Regional Planning, Sept 20 – 21, 2004 (Cagayan de Oro) Thelma E. Tupasi, MD, Onofre Edwin Merilles, Johanna Banzon

PhilCAT Regional Planning, Sept 16 – 17, 2004 (Ilo-ilo City) Ma. Imelda D. Quelapio, MD and Norma G. Miranda

PhilCAT Regional Planning, Sept 13 – 14, 2004 (Tuguegarao City) Ma. Imelda D. Quelapio, MD and Onofre Edwin Merilles PhilCAT Regional Planning Workshop of RCC-PPMD, Sept 6 – 7, 2004 (City Garden, Ermita, Manila) Ma. Imelda D. Quelapio, MD and Onfore Edwin Merilles

GFATM Malaria Evaluation of Trainings Refinement of Modules/Courses, August 30 – 31, 2004 Lourdes L. Pambid

GFATM – Malaria Program Implementation Review, August 26, 2004 (Bayview Hotel, Manila) Lourdes L. Pambid

11th Annual PhilCAT Convention, August 26 – 27, 2004 (EDSA Shangri-la, Mandaluyong) Ruth Orillaza, MD, Mark Bernardino, Virgilio Galimba, Jr.

11th PhilCAT Annual Convention, TB Control Breakthrough, Best Practices Forging Partnership, August 23 – 27, 2004 (EDSA Shangri-la, Mandaluyong City) Speaker: Thelma E. Tupasi, MD and Ma. Imelda D. Quelapio, MD Re MDRTB DOTS Plus Status

GFATM -Debriefing of Dr. Paul Spivey Re: Distribution of Medicines in the Philippines (WHO, Tayuman, Manila) Ma. Imelda D. Quelapio, MD

GFATM HIV/AIDS – Monitoring and Evaluation Workshop, August 7 – 12, 2004 (Tagaytay City) Vilma M. Co and Albert Eugenio

DOTS Plus Training for BHW, August 4, 2004 (MMC, Makati City) Speakers: Ma. Imelda D. Quelapio, MD, Ruth Orillaza, MD, Lualhati Macalintal, MD and Nona Mira, RN

Appendix 1. Inventory of Research and Service Projects and Funding Agencies

Sponsor	Research Projects (Year Undertaken)	
US AID	Cooperative Agreement with the Centers for Disease Prevention	
CDC, Atlanta, Georgia, USA	and Control (2004) Preserving the Efficacy of Second line Anti-TB	
lippine Amusement and Gaming Authority	Establishment of the Bahay ng Kabalikat sa Kalusugan for MDR-	
	TB nationts	
obal Fund to Fight AIDS, TB and Malaria	Accelerating the Response to TB and Malaria in the Philippines (2003)	
United Laboratories Inc	A Double Blind Randomized Controlled Trial Comparing the Efficay and Safety of the Commercially Available Mupirocin 2% Ointment and Mupirocin 2% Ointment – Unilab Formulation in the Treatment of Superficial Bacterial Skin Infection – A registration Trial.	
Eli Lilly	Promoting Global Research Excellence in Severe Sepsis (PROGRESS) An International Observational Study among Severe Sepsis Patients Treated in the Intensive Care Unit.	
nstitute for Allergy and Infectious Disease National Institutes of Health US Department of Health and Welfare	Prospective Study of Shortening the Duration of Standard Short Course Chemotherapy from 6 Months to 4 Months in HIV-non- infected Patients with Fully Drug-Susceptible, Non-cavitary Pulmonary Tuberculosis with Negative Sputum Cultures after 2 Months of Anti-TB Treatment (2003)	
top TB, TB Strategy and Operations WHO	Economic Analysis of the DOTS-Plus for Multi-Drug Resistant Tuberculosis (MDR-TB) in the Philippines (2003)	
Eli-Lilly	Promoting Global Research Excellence in Severe Sepsis (PROGRESS) (2003)	
Fogarty Institute National Institutes of Health	Phase I International Clinical, Operational, Health Service Training Award in HIV/AIDS and Tuberculosis (2002-3)	
World Health OrganizationTDR	Research Capability Strengthening Grant: MMC DOTS-Plus	
Pfizer (USA)	Multi-Centre IND Study No. 49195 on Linezolid vs Vancomycin/Oxacillin/Dicoloxacillin in Catheter related	
WHO Stop TB (TBS)	Bacteremia (2002-2005) Management of Adverse Drug Reactions in DOTS-Plus (2002)	
Pfizer (USA)		
Mayo Clinic, Rochester, Minnesoto	A randomized, open label, comparative, multi-centre IND Study on Voriconazole in Candidemia of non-neutropenic subjects. Contact Tracing among Household Contacts of Multridrug-	
Philippine Charity Sweepstake:	Resistant TB Cases (2001)	
Bristol-Myers Squibi	MMC DOTS-Plus Pilot Project (2001)	
Pharmacia Upjohi	SENTRY (March-December 2000)	
marmana opposi	Gram-positive Bacteremia at the Makati Medical Genter (January 1999-March 2000)	
Bristol-Myers Squib	SENTRY (March-December 1999)	
Bristol-Myers Squibi	A Double-Blind Study Comparing the Safety and Efficacy of Cefepime versus Ceftazidime in Severe Bacterial Infections (March-December 1999)	
Bristol-Myers Squib	Point-in-Time Determination of the Antimicrobial Activity of Cefepime Compared to Other Broad-Spectrum Beta-Lactams at Medical Centers in the Philippines	
Pharma Pacific Management Pty Ltd Australi	(February-December 1998) The Efficacy of Sublingually Administered Natural Human Interferon Alpha in the Treatment of Patients with Chronic Active Hepatitis B (1992-1998)	
World Bank Philipine Healt Development Projec	The Second Nationwide Tuberculosis Prevalence Survey (March-December 1997	
Janssen Pharmaceutical	Prevalence Survey of the Dermatologic Diseases in the Philippines (April- lune 1997)	
Vizcarra Pharm	Seroepidemiologic Study of Hantaviruses in the Philippines (April-June 1997)	
Astra Fund for Clinical Research an Continuing Medical Educatio (AFCRCM)	Comparison Between 7H9 with OADC Enrichment Broth and Solid Lowenstein Jensen Medium for Primary Isolation of Mycobacteria (1995- 1996)	
Upjohn Philippine	Multi-center Study on Lincomycin for Streptococcal Pharyngitis (1995- 1996)	
	Multi-center Study on Short-Course 2% Clindamycin Vaginal Cream vs.	

	Oral Metronidazole for Bacterial Vaginosis (1996)	n, n, t, n
30.	In-vitro Study of Pefloxacin vs. Ciprofloxacin and Ofloxacin (1996)	Rhone-Poulenc Rorer
31.	In-vitro Susceptibility of Gram-negative and Gram-positive Pathogens to Tosufloxacin as Compared with Other Quinolones (1992-1993)	Cyanamid Lederle (Phils), Inc.
32.	In-vitro Susceptibility of Bacterial Isolates to Cefepime as Compared to Ceftazidime and Ceftriaxone (1992)	E.R. Squibb and Sons
33.	A Randomized Open-label, Comparative Multi-center, Study of Parenteral Piperacillin/Tazobactam Versus Ceftazidime Plus	Cyanamid Lederle (Phils), Inc.
34.	Metronidazole in the Treatment of Hospitalized Patients with Intraabdominal Infections (1991-1992)	
35.	Piperacillin and Tazobactam Sensitivity Profile (1991-1992)	Cyanamid Lederle (Phils), Inc.
36.	Short-term Chemotherapy of Leprosy with Minocycline and Rifampicin (1991)	Cyanamid Lederle (Phils), Inc
37.	Minocycline in the Treatment of Lepromatous Leprosy (1990)	National Research Council of the Philippines
38.	Lymphoblastoid Interferon Alpha in the Management of Chronic Hepatitis B Infection (1989-1990)	Wellcome Foundation Ltd.
39.	Levels of Prostacyclin and Thromboxane in Pregnancy-Induced Hypertension (1989-1990)	International Development Research Centre
40.	Traditional Practices and Ritual Therapy on Acute Respiratory Infection (1989-1990)	National Research Council of the Philippines
41.		E.R. Squibb & Sons
42.	Multi-drug Therapy in Leprosy (1988-1990)	Cyanamid Lederle (Phils), Inc
43.	Surveillance of Ofloxacin Resistance (1987-1990)	Datichi
44.	Acute Respiratory Infection in Childhood: Data Analysis (1987-1990)	Board on Science and Technology for International Development, U.S. National Academy of Sciences
45.	Etiology of Childhood Acute Respiratory Infections: Pathophysiologic Studies (1991)	Board on Science and Technology for International Development, U.S. National Academy of Sciences
46.	Acute Respiratory Infection (1987)	Astra Pharmaceuticals (Phils.), Inc.
47.	Chlamydia Infection in Filipino Women(1987)	U.S. Naval Medical Research Unit 2 (NAMRU)

Appendix 2. Training Grants since 1987

Name	Training Grant (Sponsor)	Venue
TDF Staff 3-4 November 2003	Workshop on Statistical Package (TDF)	Medical Plaza Makati
TDF Staff 26-28 August 2003	Infection Control Workshop (Centers for Disease Control)	Makati Medical Center
TDF Staff 26-27 June 2003	Good Clinic Practice (Pfizer, TDF)	New World Hotel, Makati City
Virgil A. Belen 14-16 May 2003	Training on NTP-DOTS for DOTS Implementors (TDF, DOH, PHILCAT, GlaxoSmithkine)	GlaxoSmithkline Building, Makati City
Virgil A. Belen 10 April 2003	Competency Based Training and Needs Analysis	Makati Medical Center
Noemi Ann Casinillo, RMT 11 March – 18 June 2003	Training Course for Laboratory Service in Tuberculosis Control (smear microscopy, culture drug susceptibility testing and molecular technique)	Korean Institute of Tuberculosis (KIT), Seoul, Korea
Ma. Imelda D. Quelapio, MD Thelma E. Tupasi, MD November 13-15, 2002	Training on DOTS-Plus WHO STOP TB Unit	World Health Organizaation, Geneva Switzerland
Ruth B. Orillaza, MD Virgil Belen, BSN 10 June-5 July 2002	Multidrug-resistant TB Treatment and Management through DOTS-Plus (CDC, Atlanta, Georgia)	Riga, Latvia
Nellie V. Mangubat, BSFT Michael Arabit, BSPh June 24-28, 2002	Drug Procurement for Tuberculosis Management Sciences for Health (MSH) /Program for Appropriate Technology in Health (PATH). WHO STOP TB	Jakarta, Indonesia
Ephraim Grimaldo, RMT Oct. 21- Dec. 15, 2001	Restricted Fragment Length Polymorphism (RFLP) (RCS/UNDP/TDR WHO)	Korean Institute of Tuberculosis (KIT), Seoul, Korea
Thelma E. Tupasi, MD Nona Rachel Mira, RN Nov. 1, 2001	TB Health Economics	32 nd IUATLD Conference, Paris, France
Alicia Rivera, RMT Aug. 4-Oct. 15, 2001	Molecular Biology (Glaxo-SmithKilne)	Institute of Tropical Medicine, Antwerp, Belgium
Faith D. Villanueva, M.D. Jerose O. Derilo, RMT March 15-19, 2000	Basic Course on Medical Mycology	Philippine Columbian Association Clubhouse, Manila, Philippines
Ma. Socorro M. Clarin, RMT Rowena C. Cardaño, RMT March 11-16, 2000	CMV pp65 Antigenemia Assay	Queen Mary Hospital Pokfulam Road, Hong Kong
Ma. Lourdes A. Villa, M.D. Rowena C. Cardaño, RMT April 9-21, 1999	Basic Course on Medical Mycology (Pfizer)	University of Santo Tomas Manila Philippines
Evelyn T. Alesna, M.D. Sept 1996-July 1997	Group Training Course on Advanced Microbial Diseases Study (JICA)	Research Institute for Microbial Diseases (Biken), Osaka University in Osaka, Japan
Alicia B. Rivera, RMT 21–28 September 1997	Drug Susceptibility of Mycobacteria (Rhone-Poulenc Rorer)	Korean Institute of Tuberculosis (KIT), Seoul, Korea
Zenaida A. Chua, R.N. Feb 18-23, 1996	Hospital Infection: Enhancing Present Arrangements	London
Ma. Imelda D. Quelapio, M.D.	Basic Course on Medical Mycology	University of Santo Tomas Manifa

Tropical Disease Foundation

1996	(Pfizer)	Philippines
Evelyn T. Alesna, M.D. 1995	Basic Course on Medical Mycology (Pfizer)	University of Santo Tomas Manila, Philippines
Jocelyn M. Lazo, RMT May – July 1994	Detection of M. tuberculosis by Polymerase Chain Reaction (Daiichi)	Nagasaki University Japan
Vilma M. Co, M.D. November, 1994	Nosocomial Infectious Diseases and Hospital Epidemiology (Makati Medical Center)	Harvard Medical School Children's Hospital, Boston, Massachusetts U.S.A.
Alicia B. Rivera, RMT 13 April - 2 July 1993	Antifungal Assays (British Medical Council)	Regional Dept. of Infectious Diseases and Tropical Medicine Univ. of Manchester, U.K.
19-23 April 1993	BSM Course in Diagnostic Medical Mycology (British Medical Council)	University of Leeds, U.K.
Benilda Q. Baello, RMT 17-28 May 1993	Respiratory Infections in Immunocompromised Patients (Insular Life Assurance Co., Ltd)	National Institutes of Health, Bethesda, Maryland, U.S.A.
Melanie B. Nogoy, RMT September 1991-March 1992	Basic Training on Electron Microscopy (Insular Life Assurance Co., Ltd)	National University of Singapore
Normando C. Gonzaga, M.D. 28 October-1 November 1991	WHO Bi-regional Training Course on Electron Microscopy in Biomedical Research and Diagnosis of Human Diseases (WHO)	Chulalongkorn University Bangkok, Thailand
Normando C. Gonzaga, M.D. October – November 1990	Immuno-electron Microscopy And Gold Immunoblotting In Chronic Hepatitis B Infection (Wellcome)	National University of Singapore
Lerma C. Baes, RMT 1990	Rapid Viral Diagnosis, Chlamydia Isolation (Daiichi)	National Institute of Health Mahidol University Bangkok, Thailand
Normando C. Gonzaga, M.D. October – November 1990	Immuno-electron Microscopy And Gold Immunoblotting	National University of Singapore
Lerma C. Baes, RMT 1990	In Chronic Hepatitis B Infection (Wellcome) Rapid Viral Diagnosis, Chlamydia Isolation (Daiichi)	National Institute of Health Mahidol University
Marivyl Javato-Laxer, M.D. Eileen E. Navarro, M.D. 1988-1989	Immune Mechanism of Schistosoma japonicum (NAMRU)	Bangkok, Thailand George Washington Univ. Medical Center Washington, D.C., U.S.A.
Eileen E. Navarro, M.D. Lolita Tolentino, RMT 1988	Clinical Features of Viral and Bacterial Infections, Immunologic Monitoring & Rapid Diagnostic Techniques in Transplant Patients (Mr. Freddie Elizalde)	Children's Hospital of Pittsburgh, U.S.A.
Lolita Tolentino, RMT 1988	Antibiotic Susceptibility Testing by MIC, Mycobacteriology	Nagasaki University Nagasaki, Japan
	Identification of P. carinii & L. pneumophila; Viral Antigen Detection from Clinical Specimens (Daiichi, Boie-Takeda, and Filipino-Chinese	Sendai National Hospital Japan
Thelma E. Tupasi, M.D. 1988	Medical Specialty Scholarship Foundations) Influenza and Respiratory Syncytial Virus (WHO)	National University of Singapore
Ma. Lourdes O. Gomez, M.D. 1988	Oral Rehydration for Diarrhea (Tropical Disease Foundation)	San Lazaro Hospital Philippines
Thelma E. Tupasi, M.D. Nellie V. Mangubat, BSFT 1987	Computerized Data Management (National Academy of Sciences, Board on Science and Technology for International Development)	University of Maryland College Park, Maryland, U.S.A.

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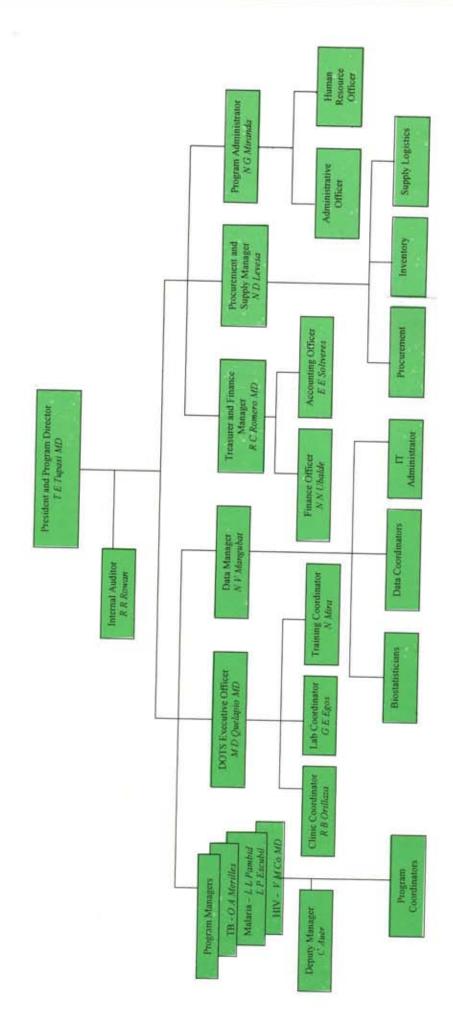
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Endowments are invited in the following categories:

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P 20,000.00 - P 99,000.00

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P 10,000.00 - P 19,000.00

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Cash endowments of P 500,000.00 or more may designate their endowment to a specific research project or for the general use of the foundation.

An endowment of P 1,000,000.00 may sponsor one research project for one year.

Endowment for the Future

Donations of money, securities, property or life insurance can be given to the Tropical Disease Foundation for general support or for specific projects designated by the donor.

Memorial and Honorary Endowments Remembering a Loved One

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Tropical Disease Foundation, Inc.

Makati Medical Center, #2 Amorsolo St.

Makati City, Philippines

Tel. Nos. 893-6066; 815-99-11 local 7256/7288

888-90-44; 889-04-89; 840-21-78

FAX No. (63-2) 810-2874; (63-2) 888-90



The logo attempts to define visually the raison d'etre of the Foundation using a combination of symbols:

- The microscope represents medical research on bacteria, viruses and parasites.
- The sun and the plant signify the tropics and its lush vegetation.
- The plant further implies the possibilities of research in the medical field.

Tropical Disease Foundation
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Makati City