TROPICAL DISEASE FOUNDATION INC.
Principal Recipient

THE GLOBAL FUND to Fight AIDS, Tuberculosis, and Malaria

annual report 2006-2007

"The views described herein are the views of this institution, and do not represent the views or opinions of The Global Fund to Fight AIDS, Tuberculosis and Malaria, nor is there any approval or authorization of this material, express or implied, by The Global Fund to Fight AIDS, Tuberculosis and Malaria."

Contents

Executive Summary

This annual report covers the period of August 1, 2006 to July 31, 2007, covering the fourth year for the Tuberculosis and Malaria projects and the third year of the HIV/AIDS project. These projects entitled, *Accelerating the Control of TB, Malaria, and HIV/AIDS*, aim to pursue the national strategic plans to attain the 50% reduction in the prevalence and mortality rates due to these three diseases and to reverse the incidence by 2015 in line with the Millennium Development Goals.

The projects were implemented by the Department of Health and the local government health units in partnership with the non-governmental organizations that include the Philippine Coalition Against Tuberculosis (PhilCAT), the World Vision Development Foundation (WVDF), the Tropical Disease Foundation (TDF), the Philippine NGO Council on Population, Health, and Welfare, Inc. (PNGOC), FREELAVA, MIDAS, The Library Foundation, LEFADO, BRHIN, MEDIA Inc., and the CHSDI. For prevention of HIV/AIDS, PAFPI, Pinoy Plus, RAF, and ALAGAD, were partners among others.

Each of TDF's major programs has met and exceeded numerous targets and is noted for its progressiveness and innovation in controlling the three dangerous infectious diseases.

The GF Malaria project has demonstrated astounding progress. On the national level, malaria cases and deaths show a downward trend. In 2006, there were 33,852 cases and 89 deaths, representing a 30% reduction in morbidity compared to the baseline figures of the average cases from 1997-2001; and a 50% reduction in death, compared to baseline mortality in 1998. These

Executive Summary

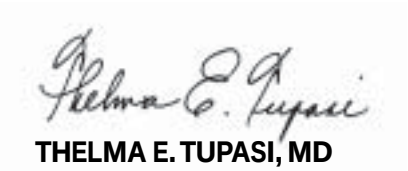
results have been due to the strategies of early diagnosis and treatment of malaria, vector control, and local community empowerment.

As a result of the interventions of the GF TB projects implementation, the incidence in new sputum smear positive cases has begun to decline. This success is attributed to the increasing adoption and implementation of quality DOTS (Directly Observe Treatment, Short-course) by both the public and the private sectors in health care, including external quality assurance for sputum smear microscopy. The overall impact of the Global Fund grants thus far has shown a consistent downward trend in the incidence of new smear positive TB over the last three years.

Programmatic Management of Drug-resistant TB (PMDT) has been focused on mainstreaming into the National Tuberculosis Control Program (NTP). Of particular significance are the training modules developed through PMDT, which will be the world's first competency-based training material on MDR-TB management in English and will be the basis for the global generic modules that will be developed for other countries. Through these training modules, the current program in the Philippines has been polished and will soon guide and lead efforts to control MDR-TB worldwide.

The GF HIV/AIDS project has also achieved major headway in achieving its goals. In Round 3, 95% of persons living with HIV (PLWHIV) are alive after one year on antiretrovirals (ARVs) and 85% are alive after two years. Twelve NGOs were selected to implement prevention interventions in the 18 sites and seven NGOs were identified to implement activities for care and support for the Round 5 HIV Project. An invitation for Phase 2 applications for this project has just been received. In this project, there is a discernible change in health seeking behavior, with more consultations among people in prostitution (PIPs) in Social Hygiene Clinics and without a corresponding increase in sexually transmitted infections treated, which could be attributed to better preventative measures, such as condom use.

This year's Annual Report also highlights the vision of the Country Coordinating Mechanism (CCM), and the Manila Declaration of the Philippine Partnership to Fight TB, Malaria, and AIDS. By emphasizing these goals and vision, we reinforce the importance of multi-sectoral partnerships and approaches to controlling the three deadliest infectious diseases.



THELMA E. TUPASI, MD
President and Executive Director

The Philippine Partnership to fight TB, Malaria and AIDS

Accelerating the response to HIV, TB and Malaria in the Philippines

Stakeholders from public and private sectors in the fight against TB, Malaria, and AIDS have gathered in a forum yearly since June 5, 2005 to discuss the state of the nation in terms of the control of these three important public health issues. In this forum, the Manila Declaration was finalized and adopted by the Partnership.

In this forum, the Manila Declaration was finalized and adopted...

The second Forum was held on World TB Day, March 24, 2006 to launch the Global Plan to Stop TB 2006-2015, attended by the chairs of the Working Groups of the STOP TB Partnership, including Giorgio Roscigno of New Diagnostics, Maria Freire of New Drugs, Gijs Elzinga of HIV/TB, and Thelma Tupasi of the MDR-TB Working Group. Secretary of Health, Francisco Duque III, led in the signing of THE CALL TO ACTION to stop TB by 500 delegates of 75 partner organizations.

The third Forum was again held on World TB Day, March 24, 2007, with the status report on the control of these three diseases given by Dr. Yolanda Oliveros, Director of the National Centers for Disease Prevention and Control, Dr. Jaime Lagahid, Director of the Infectious Disease Office, Dr. Rosalind Vianzon, NTP Program Manager, and Dr. Gerard Belimac, National AIDS STD Prevention and Control Program, indicating the significant gains made in the country and highlighting the contribution of the Global Fund Projects. Global Fund Portfolio Manager Oren Ginzburg addressed the Forum.

During the Partnership Forum, the stakeholders break out into groups, including representatives from the Academe, non-government organizations, faith-based organizations, private sector for profit, and community representatives from patients with these diseases. Nominations for candidates to the Country Coordinating Mechanism are made and are eventually elected during a formal election in August, coinciding with the National Convention of the Philippine Coalition against TB.


welcome you to the
Philippine Partnership
Malaria and AIDS

The Manila Declaration

We, the Philippine Partnership to Fight TB, Malaria and AIDS,

Involving multisectoral representatives from the civil society, the government sector, developmental partners and all interested stakeholders in the fight against TB, malaria and AIDS, the 1st Forum was convened 4 June 2005 at the Philippine International Convention Center;

Recognizing that the Philippines is the 9th of 22 high-burden countries for TB, and that malaria is highly endemic in 26 provinces contributing 90% of all cases of malaria nationally, both undermining the productivity and societal well-being of patients affected;

Understanding that although HIV prevalence in the Philippines has been less than 1% in the past several decades, there is a need for greater vigilance in its prevention so that it may not further fuel the TB epidemic;

Recalling the significant socioeconomic impact of TB, malaria, and HIV/AIDS on the productivity of the country and the sense of urgency to control and prevent these diseases in the Philippines;

Realizing that we have only 10 more years in which to meet the targets as enunciated in the Millennium Development Goals of the Philippine government;

***Affirm* our solemn commitment to pursue the following consensus objectives:**

Strengthening partnerships between the Department of Health and the Local Government Units and the civil society such as private medical practitioners, nongovernmental organizations (NGOs), faith-based organizations, the private sector including those infected and affected with the three diseases, in the control and prevention of TB, malaria, and HIV/AIDS so that proven strategies could be effectively implemented;

Ensuring the quality of the currently available strategies against TB, malaria, and HIV/AIDS so that all people will have access to effective prevention, diagnosis and treatment;

Accelerating and adapting these strategies to emerging challenges like multi-drug resistant TB and malaria and co-infection with HIV/TB;

Applying emerging technologies, when available, to the control of TB, malaria and HIV/AIDS;

Mobilizing more resources, both in cash and in kind, to facilitate our push towards the 2015 targets and beyond.

The Philippine Partnership to fight TB, malaria, and AIDS hereby issue the following statement:

1. We are heartened to note the initiative of the Philippine Partnership:
   - to involve a broad spectrum of stakeholders to participate in the control and prevention program of these three diseases;
   - to engage the civil society to assist the government health sector in the Department of Health and the Local Government Units;
   - to support the public - private partnership currently pursuing collaborative work with the government sector against the three diseases;
   - to advocate in mobilizing resources from international financial instruments like the Global Fund to fight AIDS, Tuberculosis and Malaria to augment the limited resources of government in its fight against these three diseases;

2. We are encouraged by the significant results obtained by the government sector and its partners in its control programs against these diseases:
   - the rapid expansion of the DOTS strategy against TB undertaken by the National TB Program and the planned mainstreaming of DOTS-Plus to DOTS in response to the emerging MDR-TB burden;
   - the rapid expansion of the diagnostic and treatment centers in the 26 highly endemic provinces for malaria;
   - the expansion and up scaling of preventive strategies such as effective behavior change communication (BCC) including condom use, adequate management of sexually transmitted infections (STI), and access to treatment, care and support services for HIV/AIDS;
   - the recent declaration of government pro-poor agenda to address vital social needs to lift our poorest citizens out of poverty including job creation, expanded educational opportunities and better health care for all Filipinos.

3. Despite the above significant strides made against these three diseases sustained action is imperative.
   - *Consolidate, sustain, and advance the achievements* made since the inception of the Partnership, demonstrating its efficacy and added value, mobilizing a wider range of stakeholders and strengthening relations with the donor community such as the GFATM;
   - *Enhance political will and commitment* to ensure the sustainability and effectiveness of the programs;
   - *Promote involvement of people infected and affected* to draw better understanding, meaningful contribution, and pro-active participation in the control and prevention efforts of these diseases;
   - *Mobilize civil society, NGOs and the private sector*, thereby creating grassroots demand on the one hand and stimulating interest and commitment of the private and corporate sectors on the other;
   - *Generate socioeconomic benefits* to those infected and affected by these diseases, thereby benefiting the community at large as a poverty alleviation strategy;
   - *Increase interest and investment for research and development*, focusing on the improvement of diagnostic tests, search for better and affordable drugs, socio-behavioral research, and development of effective vaccines against the three diseases.

Having declared the above, we mandate the Country Coordinating Mechanism to report to the Philippine Partnership progress made in achieving our agreed objectives.

24th International Congress of Chemotherapy, Speakers' Abstracts, International Journal of Antimicrobial Agents 26S (2005) S7

The Country Coordinating Mechanism (CCM)

A broad range of stakeholders promoting true partnerships

...that will make a sustainable and significant contribution

- The Global Fund (GF) is a finance instrument that supports national programs through new public-private partnerships that will make a sustainable and significant contribution to the reduction of infections, illness and death caused by HIV/AIDS, tuberculosis and malaria and to contribute to poverty reduction as part of the Millennium Development Goals (MDGs).

- The GF requires a country coordinating mechanisms (CCM), a national consensus group of broad range of stakeholders promoting true partnership, to provide oversight in the development and implementation of GF-supported national health programs. The CCM Philippines was established 5 March 2002 by an administrative order of then Secretary of Health, Manuel Dayrit.

The CCM Membership

The current members of the Country Coordinating Mechanism, including those elected last August 2006, are the following:

Chair

Department of Health
Mario Villaverde, MD, MPH, MPP
Undersecretary

Co- Chair

United States Agency for International Development
Dr. Aye-Aye Thwin
Sr. Technical Adviser

Government Sector

Department of Health – National Center for Disease Prevention and Control
Dr. Yolanda Oliveros
OIC, Director IV

National Economic Development Authority
Arlene Ruiz
Chief, Health, Nutrition, and Population Development

Research Institute for Tropical Medicine
Dr. Remigio Olveda
Medical Director

Provincial Health Office – Apayao
Dr. Thelma Dangao
Provincial Health Officer II

National Council for Indigenous People
Dr. Ricardo Sakai, Jr.
Medical Officer V

Department of Labor & Employment Occupational Health and Safety Center
Dr. Dulce Estrella-Gust
Executive Director

Department of National Defense
Dr. Peter Galvez
OUSDA

Philippine Council for Research and Development
Dr. Jaime Montoya
Executive Director

Department of Interior and Local Government
Hon. Austere Panadero
Undersecretary

Department of Health – Center for Health Development Cordillera Administrative Region
Dr. Myrna Cabotaje
Director IV

Private Corporate Foundations and Professional Organizations

Pilipinas Shell Foundation, Inc.
Marvi Trudeau
Program Manager

Philippine College of Chest Physicians
Dr. Mario Joselito Juco
Vice President

NGO-Community Based Organizations

Tropical Disease Foundation, Inc.
Dr. Thelma Tupasi
President

Philippine NGO Council
Dr. Eden Divinagracia
Executive Director

Remedios AIDS Foundation
Dr. Jose Narciso Sescon
Executive Director

World Vision Development Foundation, Inc.
Dr. Melvin Magno
National Health Adviser

Community Representatives

Positive Action Foundation Philippines, Inc.
Joshua Formentera
President

Samahang Lusog Baga Foundation
Anacleto Del Rosario
President

Unilateral/Multilateral Agency

World Health Organization
Dr. Soe Nyunt-U
Country Representative

United Nations Program on HIV/AIDS
Dr. Ma. Elena Borromeo
Country Coordinator

United Nations International Children's Emergency Fund
Dr. Nicholas Alipui
Country Representative

Bilateral Agency

Japan International Cooperation Agency
Yumiko Yanase
Expert on TB Control

European Commission
Dr. Fabrice Sergent
Individual Expert for Health

Deutsche Gesellschaft für Technische Zusammenarbeit
Dr. Michael Adelhardt
Program Manager

Academe

University of the Philippines – College of Public Health
Dr. Nina Barzaga
Dean

Public-Private Collaboration

Philippine Coalition Against Tuberculosis
Dr. Ma. Imelda Quelapio
National Chairperson

Kilosan Ligtas Malaria
Ray Angluben
Executive Director

Philippine National AIDS Council
Irene Fonacier-Fellizar
PNAC Representative

Religious Organization

Couples for Christ – Gawad Kalusugan
Jose Yamamoto
Philippines Mission Director

Secretariat

Dr. Jaime Lagahid
DOH

Dr. Ernesto Bontuyan, Jr.
DOH-IDO

Joel Atienza
DOH-IDO

Sam Bag-ao
TDFI-IDO

Dr. Lorela Averilla
TDFI-IDO

The Tropical Disease Foundation, Inc. (TDFI)

Principal recipient of the Global Fund projects in the Philippines

...a world where everyone enjoys the right to health and economic productivity

History of the Tropical Disease Foundation

THE TROPICAL Disease Foundation (TDF) is a private, non-stock, non-profit, non-governmental organization founded in 1984 by a group of physicians in the Research Institute for Tropical Medicine. The founding chairman was Dr. Jesus Azurin, then the Secretary of Health. At that time, the TDF served as a recipient of research grants from the Bureau of Science and Technology in Development (BOSTID) and the World Health Organization, Western Pacific Regional Office supporting studies on acute respiratory infections in childhood.

THE VISION of the TDF is a world where everyone enjoys the right to health and economic productivity. The mission of the TDF is the control and prevention of infectious diseases of public health importance through research, training, and service. It views its mission not only as a clinical but also as a developmental strategy.

Linkage with the Makati Medical Center

THROUGH A MEMORANDUM OF AGREEMENT with the Makati Medical Center (MMC) in 1987, the TDF transferred to the MMC, and Dr. Constantino P. Manahan was elected as the Chairman of the TDF Board of Trustees. The MMC was founded by a group of distinguished health professionals headed by Dr. Constantino P. Manahan, who was the first Chairman of the Board and concurrent Medical Director. It is owned and operated by the Medical Doctors, Inc. and was formally inaugurated on 31 May 1969.

DURING THE EARLY YEARS, the TDF served as a local NGO serving only the needs of its members. Through the generosity of donors and friends, the Foundation inaugurated its research laboratory on mycobacteriology, including fluorescent sputum smear microscopy, TB culture, and drug sensitivity testing on 2 February 1988. The laboratory gradually expanded and developed capabilities in mycology, and virology. With these laboratory facilities, the TDF was able to pursue its activities in training and research in tropical infectious diseases. These included field studies on Acute Respiratory Infection (ARI) and laboratory studies on tuberculosis.

THE TDF ESTABLISHED an Institutional Review Board, which also served the other clinical staff of the MMC that were involved in clinical trials.

The TDF has undertaken research projects in accordance with the provisions of the Helsinki Declaration in collaboration with the Board Trustees of MMC. 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 these services. 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.

vision

Enjoyment of the right to health and economic productivity for all

mission

The control and prevention of infectious diseases of public health importance through research, training and service

thrusts

- To conduct research, training and service in infectious diseases of public health importance
- To enter into partnership with public and private agencies in the implementation of programs in the control of infectious diseases
- To enter into partnership with national and international institutions involved in research to ensure technology transfer
- To enter into a multi-sectoral partnership with other disciplines to ensure that cured patients are socio-economically productive
- To serve as a national and international training center for infectious diseases.

Supporting the Public Health Programmes

THE 1997 National Tuberculosis Prevalence Survey (NTPS) 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 (NTP) of the Department of Health in TB Control through the initiation of the DOTS Clinic at the MMC. The private-public collaboration between the TDF, MMC, the NTP, and the local government unit, the Barangay San Lorenzo, has provided free service in the management of TB patients since 1999 and was the very first DOTS-Plus pilot project approved in 2000 by the Green Light Committee (GLC), a technical subgroup of the Working Group on Drug-Resistant TB of the Stop TB Partnership. What is considered unique is that a privately initiated DOTS facility in a developing country was the first facility to be approved to provide MDR-TB management by the GLC. It has established a satellite DOTS-Plus and housing facility, Kabalikat sa Kalusugan, in partnership with the Philippine Tuberculosis Society, Inc at the Quezon Institute.

IN RECOGNITION of its outstanding pioneering work, this pilot-project has been recommended as a center of excellence in MDR-TB management, a challenge which we hope to realize in the near future.

Strategic Linkages with International Institutions

KIT

During the conduct of that year's NTPS, the Korea Institute of Tuberculosis (KIT) provided supra-national laboratory support for the myco-bacteriology component of the study. KIT has since accepted trainees from the TDF in TB culture and DST as well, as in genotyping of mycobacteriology isolates using RFLP.

GLC

The TDF was the first approved DOTS-Plus pilot project globally with its pioneering work on MDR-TB management in the DOTS Clinic at the MMC. Through regular monitoring visits of the Green Light Committee (GLC), a technical subgroup of the Stop TB Partnership, it has gained proficiency and sufficient expertise to mainstream the program in the NTP and to help other countries that embark on initiating the program. Consultants from the staff include: Dr. Ma. Imelda Quelapio, who has assisted a number of countries in their Green Light Application as well as in the preparation of their Global Fund proposal on MDR-TB; Ms. Grace Egos in Infection Control; and Ms. Nerizza Munez in drug management. The TDF is on the brink of going from being a local NGO to becoming an international NGO.

CDC

The TDF signed a cooperative agreement with the Centers for Disease Control and Prevention(CDC) of the US Public Health System, Atlanta, Georgia, USA. One of the objectives of the cooperative agreement was to develop the TDF clinical and laboratory facilities as a center of excellence in MDR-TB. In addition, the cooperative agreement also provided support for the transfer of technology from the Partners In Health MDR-TB project in Peru through the exchange visits of the TDF staff and the PIH staff in the establishment of the DOTS-Plus community-based component and in the sharing of the Electronic Medical Record (EMR). In subsequent years, several collaborative research projects have been undertaken with the CDC, including the case-based study of MDR-TB bacillary monitoring and clinical outcome and the on-going study on the preservation of the efficacy of Tuberculosis Treatment Study (PETTS).

TBRU-CWRU

At about the same time, the TDF also became one of the international trial sites of the TB Research Unit (TBRU) of Case Western Reserve University. Through this collaboration, the research facilities including the DOTS clinic and the laboratory of the TDF were upgraded with appropriate air handling facilities for infection control and additional equipment.

FIND

A memorandum of under-standing was signed with the Foundation for Innovative New Diagnostics for the TDF to become one of the demonstration sites for the rapid culture technique using the Mycobacteria Growth Indicator Test (MGIT). Additional new technologies including the Capillia for specie identification of isolated mycobacteria and soon the Hain Line Probe Assay for the rapid identification of rifampicin and INH resistance will also be undertaken through the demonstration project.

Bednet distribution to indigenous population by Ms. Sandii Lwin during one of her site visits.

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 (PR) of the GFATM (GF) 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 to early diagnosis and treatment and vector control. 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.

SINCE 2003, the TDF has been the PR of six GF projects in the Philippines comprising two projects each on TB, Malaria, and HIV as shown in Table 1.

Table 1. **Global Fund Projects with TDF as Principal Recipient**

Disease Component	Phase	Approved Funding ($)	Start Date	End Date
TB Round 2	1	$3,434,487	01-Aug-03	31-Jan-05
	2	$8,003,577	01-Feb-05	31-Jul-08
Malaria Round 2	1	$7,244,762	01-Aug-03	31-Jan-05
	2	$45,783	01-Feb-05	31-Jul-08
HIV/AIDS Round 3	1	$3,496,865	01-Aug-04	31-Jul-06
	2	$2,031,960	01-Feb-05	31-Jul-05
TB Round 5	1	$16,505,172	01-Oct-06	30-Sept-08
HIV/AIDS Round 5	1	$3,011,919	01-Oct-06	30-Sept-08
Malaria Round 6	1	$16,285,198	01-Dec-07	30-Sept-09
TOTAL APPROVED GRANTS		**$60,059,723**		30-Sept-12

Guests at the 2007 Philippine Partnership Forum to Fight TB, Malaria and AIDS

SUB-RECIPIENTS

TUBERCULOSIS

National TB Control Program (NTP) Department of Health

Philippine Coalition Against Tuberculosis

World Vision Development Foundation, Inc.

Holistic Community Development, Inc.

Tropical Disease Foundation – Programmatic Management of Drug-resistant Tuberculosis (PMDT)

MALARIA

TDF Malaria Operations Team in the following:

Agusan del Norte Provincial Health Office
Agusan del Sur Provincial Health Office
Apayao del Sur Provincial Health Office
Basilan Provincial Health Office
Bukidnon Provincial Health Office
Cagayan Provincial Health Office
Compostela Valley Provincial Health Office
Davao del Norte Provincial Health Office
Davao del Sur Provincial Health Office
Davao Oriental Provincial Health office
Ifugao Provincial Health Office
Isabela Provincial Health Office
Kalinga Provincial Health Office
Misamis Oriental Provincial Health Office
Mountain Province Provincial Health Office
North Cotabato Provincial Health Office
Occidental Mindoro Provincial Health Office
Palawan Provincial Health Office
Quezon Provincial Health Office
Quirino Provincial Health Office
Sarangani Provincial Health Office
South Cotabato Provincial Health Office
Sultan Kudarat Provincial Health office
Sulu Provincial Health Office
Surigao del Sur Provincial Health Office
Tawi-Tawi Provincial Health Office
Zambales Provincial Health Office
Zamboanga del Sur Provincial Health Office
Zamboanga del Norte Provincial Health Office
Zamboanga Sibugay Provincial Health Office

HIV/AIDs

Philippine NGO Council on Population, Health,and Welfare, Inc. *for Round 3*

TDF HIV Operations Team for Public Sector *for Round 3*

TDF HIV Operations Team *for Round 5*

Sub-sub recipients:

Free Rehabilitation, Economic, Education, and Legal Assistance Volunteers Association, Inc. (FREELAVA)
UPSF-Cebu
Leyte Family Development Organization (LEFADO)
Mayon Integrated Development Alternatives and Services Organization, Inc. (MIDAS)
The Library Foundation, Inc. (TLF)
Alliance Against AIDS (ALAGAD) in Mindanao
Positive Action Foundation Philippines, Inc. (PAFPI)

TDF Sub-Sub Recipients in Round 3
Local Government Units

Gumaca, Quezon
San Pablo, Laguna
Matnog, Sorsogon
Legaspi City Health Office
Tabaco City Health Office
Sorsogon City Health Office
Lapu Lapu City Health Office
Mandaue City Health Office
Ormoc City Health Office
San Fernando, Pampanga
Bauang, La Union

The Treatment Hubs:

San Lazaro Hospital
Research Institute for Tropical Medicine (RITM)
Philippine General Hospital (PGH)
Davao City Health Office
Ilocos Training and Regional Medical Center (ITRMC)
Vicente Sotto, Sr. Memorial Medical Center

Sub-Sub Recipients of TDF in Round 5

Alliance Against AIDS (ALAGAD) in Mindanao
AIDS Watch Council (AWAC)
Bicol RH Information Network
Family Planning Organization of the Philippines
Health Action Information Network (HAIN)
Human Development and Empowerment Services (HDES)
Kanlungan Center Foundation, Inc. (KCFI)
Kabataang Gabay sa Positibong Pamumuhay, Inc. - Empowered
Kabataang Gabay sa Positibong Pamumuhay, Inc. - Crossbreed
Leyte Family Development Organization – Samar
Leyte Family Development Organization – Leyte
Pinoy Plus Association
Positive Action Foundation Philippines, Inc.
Remedios AIDS Foundation, Inc.
Social Health Environment and Development Foundation
TLF – Sexuality, Health, and Rights Educators Collective, Inc.

Treatment Hubs in addition to the above six:
Baguio General Hospital and Medical Center (BGHMC)
Corazon Locsin Montelibano Memorial Regional Hospital
Zamboanga Regional Hospital
Bicol Regional Training and Teaching Hospital
Western Visayas Medical Center

Local Government Units in:
Quezon City Health Department
Caloocan Health Department
Pasig Health Office
Pasay Health Department
Marikina Health Office
Mandaluyong Health Department
Valenzuela Health Office
San Juan City Health Office
Malabon District Health Office
Navotas Health Office
Makati City Health Office
Manila Health Department
Muntinlupa Health Office
City Health Office of Las Piñas
City Health Department - Las Piñas
Pateros Health Office
Taguig Health Department
Parañaque Health Department

External Evaluations of the Principal Recipients and the Sub-recipients

Date	Institution/Consultants	Purpose
5 March 2006	Green Light Committee Dr. Peter Cegielski	7th Monitoring visit of the DOTS-Plus pilot project
21 Aug-1 Sep 2006	International Union against TB and Lung Diseases José Luis Castro and Vishnuvardhan Kamineni	Evaluation of the Tropical Disease Foundation Inc, Philippines as Principal Recipient Of Global Fund Projects
January 15-29, 2007	International Union against TB and Lung Diseases José Luis Castro and Vishnuvardhan Kamineni	Assessment and Orientation on the Proposed Monitoring and Evaluation Unit of the Principal Recipient
December 2006-March 2007	Freelance Dr. Jocelyn Cabarles	Monitoring and Evaluation Strengthening of the Principal Recipient and Sub-recipients of the GF projects
May 20-Jun. 1: 2007	World Health Organization, Western Pacific Regional Office Eva Christophel, MD	External Review of Round 2 Phase II Malaria Project

Gov. Grace Padaca of Isabela Province, Dr. Rosalind Vianzon, NTP Manager, Dr. Thelma Tupasi, TDF & Dr. Policar, Chair of Cagayan Coalition against Tuberculosis during the Santiago, Isabela PPMD launching in Isabela.

Children *were active agents in advocating the vision of a TB-free community, as they participated in health education classes and programs initiated by task force volunteers for social mobilization.*
(Photo courtesy of World Vision Development Foundation)

Global Fund Tuberculosis Projects

Committed towards a tuberculosis-free community

Global Fund TB Projects in the Philippines (Round 2 & Round 5) Accomplishment Report From August 2006 to July 2007

The Philippines first became a recipient of the Global Fund TB project when the application for the 2nd Round of the Call for Proposals was approved in 2003. In October 2003, another TB project was secured through the GF Round 5 grant. This report shows the projects' accomplishments in the last four years of implementation in terms of:

The overall goal

To stop and begin to reverse the incidence of TB as part of the Millennium Development Goals (MDG), and to reduce the prevalence and mortality of tuberculosis by 50% by the year 2010;

... reduce the prevalence and mortality of TB by 50% by the year 2010

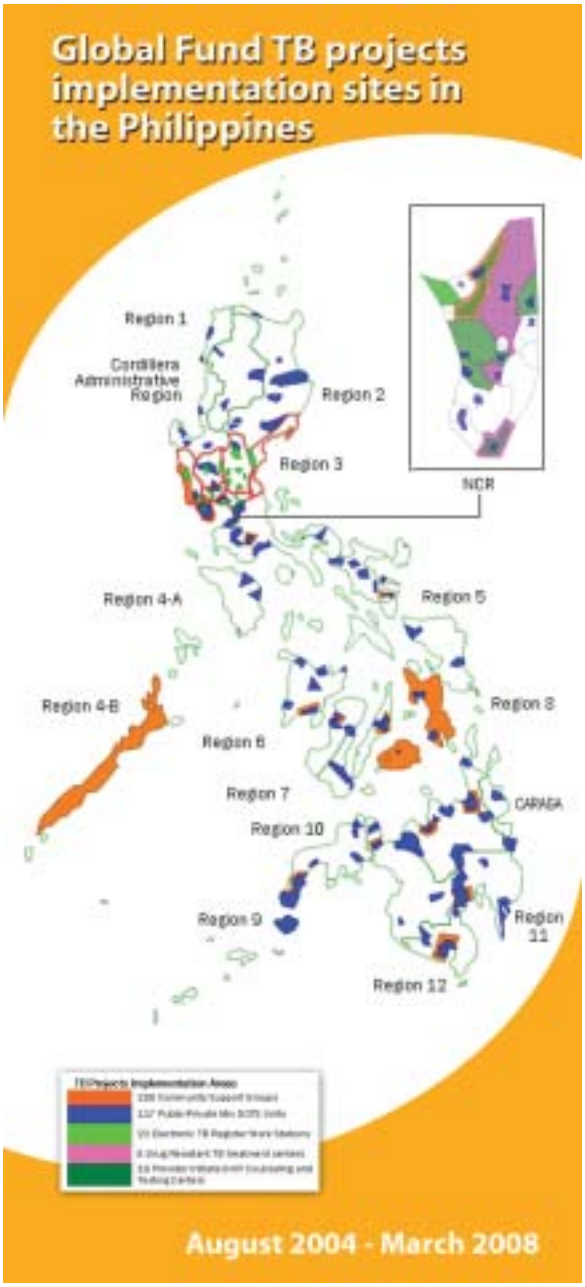
THE FIRST OBJECTIVE is to detect 85% TB cases and cure at least 85% of them through - (a) the nationwide establishment of public-private mix DOTS (Directly Observe Treatment, Short course) (PPMD); (b) the enhancement of DOTS in the public sector by improving the quality of DOTS implementation and creating social demand for DOTS services and the development of the Electronic TB Register (ETR) for data management as the format for the National TB Control Program national reporting; (c) the analysis of the national TB epidemiology; (d) TB-HIV collaboration.

THE SECOND OBJECTIVE, which is to utilize the Green Light Committee approved DOTS-plus pilot project in addressing multi-drug resistant TB (MDR-TB) cases and later scaling up in the National Capital Region and mainstreaming the programmatic management of drug-resistant TB into the NTP.

THE COUNTRY'S Global Fund Tuberculosis projects cover the improvement of quality DOTS implementation in the public sector by enhancing services through the provision of training and various capacity building activities targeting doctors, nurses, midwives, barangay health workers, and hospital staff engaged in the delivery of DOTS services. The grant is also responsible for the implementation of the advocacy, communication, social mobilization, and community organization activities to further increase the demand for DOTS services. These activities include organizing community support groups tasked to function as advocates, default tracers, treatment partners and surrogate, to case finding activities of the local health units. The grant also supports the Public Private Mix DOTS (PPMD) strategy where private sector engagement is the main focus. A part of the grant supports the GLC-approved DOTS Plus Project, which started in 1999 as an undertaking of a PPMD unit established at the Makati Medical Center. The initiative has expanded into the public sector with the involvement and strengthening of health facilities, and the establishment of drug-resistant TB treatment centers.

World TB Day Commemoration in March 24, 2007.
Among the people who graced the event include Oren Ginzburg from the GF, Dr. Thelma Tupasi of TDF, Secretary of Health Francisco Duque, and Dr. Michael Voniatis of WHO.

WITH THE END GOAL of creating impact on tuberculosis control through providing increased coverage of interventions, the projects' coverage was assessed in terms of the number of people reached, service delivery points supported, people trained to deliver services, and commodities distributed in the intervention areas. The extent of implementation is reflected on the *Figure* below.



People Trained

4,871 service deliverers (R2: 3,860 / R5: 1011) trained in quality DOTS

1,305 private physicians trained in DOTS

784 service deliverers trained in diagnosis and treatment of MDR-TB

576 community support group members trained in community organizing and basic community health education (ACSM R5)

People Reached

16,048 Referrals of TB symptomatic (ACSM)

2,244 new smear positive TB cases put on treatment through the efforts of the community support-group members

4,918 new smear positive TB cases detected in the PPMD units

1,260 MDR-TB cases detected (R2: 864 / R5: 396)

632 MDR-TB patients enrolled for treatment (R2: 429 / R5: 203)

Service Points Supported

Installation of **116** PPMD units **(R2: 70 / R5: 46)**

1 National and **16 Regional Coordinating Committees** supported

270 community support groups formed in **213** barangays from five provinces and six cities

Establishment of **3** treatment centers (PMDT)

96 health centers and **13** FBOs, NGOs and PPMD units engaged in PMDT

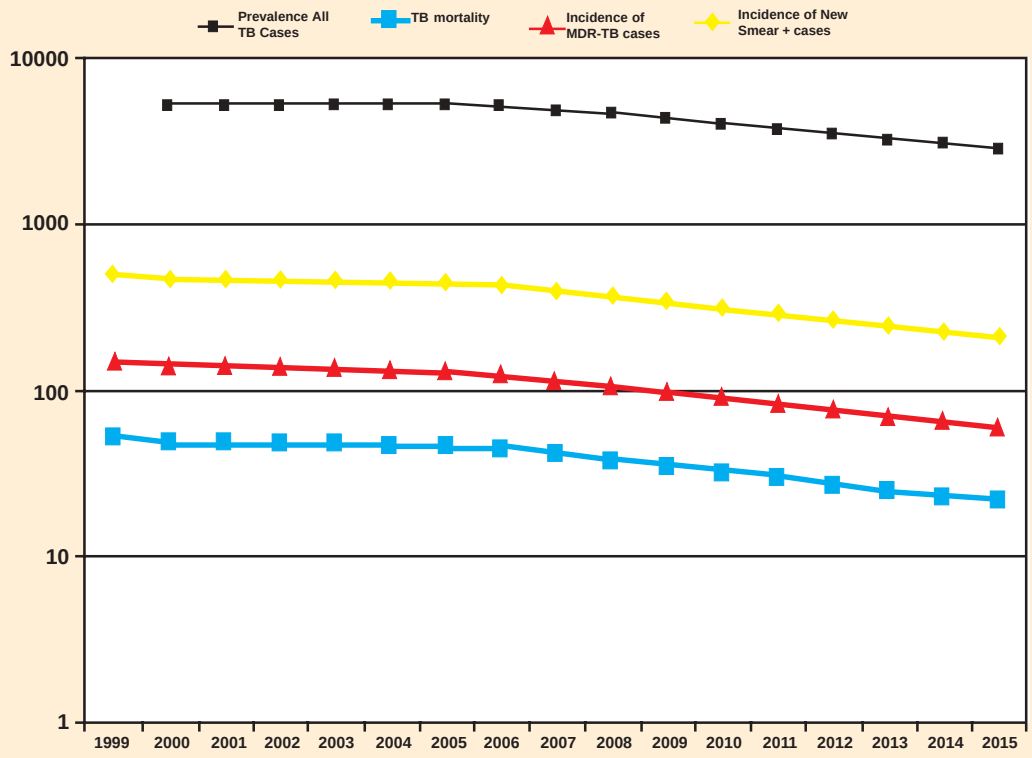
THE NTP HAS ATTAINED AND EXCEEDED the global targets of 70% case detection rate (CDR) and 85% treatment success rate in 2004 and has sustained and increased their rates since then *(see Figure 1 on next page).*

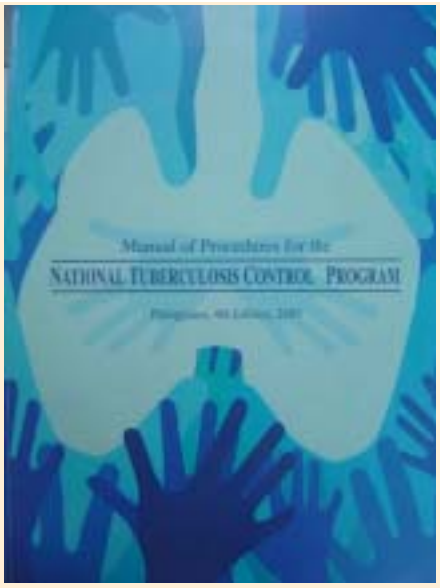
- ACSM initiatives are currently being implemented in 213 barangays consisting of a population of 1,274,503 (range of 5-25% population coverage).

• The implementation of the PPMD strategy, on the other hand, covers 34% of the more than 80 million national population.

THESE INITIATIVES complement the nationwide coverage of the DOTS services being provided by the NTP of the Department of Health. As a result of the interventions of the GF TB projects implementation, the incidence in new sputum smear positive cases has begun to decline. If the gains are sustained, the projected decline as shown in the years leading up to 2015 will substantially prevent the generation of MDR-TB. This success is attributed to the increasing adoption and implementation of quality DOTS (Directly Observe Treatment, Short-course) by both the public and the private sectors in health care, including external quality assurance for sputum smear microscopy. The overall impact of the Global Fund grants thus far has shown a consistent downward trend in the incidence of new smear positive TB over the last three years. Similarly, the TB mortality rate followed a comparable pattern, while the case notification rate showed an upward trend due to improved Quality DOTS implementation. The projected rates as shown in the figure, computed by way of mathematical modeling, demonstrates an encouraging scenario towards the attainment of the Millennium Development Goals (MDG).

Prevalence of all TB cases, TB mortality, Incidence of New Smear Positive Cases and MDR-TB





Success Stories

Fast tracking the National TB Program's MOP Orientation for Doctors and Nurses

Even though the fifth edition of the Manual of Procedures (MOP) had already been completed, the early part of year 4 of the Global Fund TB project did not achieve its goals in rolling out the revised MOP to the other regions. Despite this setback, a catch-up plan was made and implemented during quarter 15, just two quarters to go before the end of year 4. Closing the gap, the number of service providers oriented in the new MOP is at 3,400 against 680 targeted doctors and nurses.

Mobilizing Onwards

Social mobilization strengthened the recording and reporting of new cases discovered in the communities — a challenge that the Task Force Volunteers for Social Mobilization in TB rose up to. The number of reported TB symptomatics referred through Task Force activities was an exemplary 115% (16,048/13,861).

Photo courtesy of World Vision Development Foundation

In year 4, much of the indicators in Social Mobilization were met. Two hundred seventy task forces were organized in five cities and six provinces nationwide, with population coverage of 1,274,503. The number of Behavioral Change Communication materials (posters, flip charts, comics, etc.) distributed was 120,912. The Task Forces thought of creative methods of diminishing the TB burden of their communities, including mall exhibits, sponsoring ballroom dance programs, school campaigns, training for self-management, recognition awards, and many more. Children were also active agents in advocating the vision of a TB free community, as they participated in health education classes and programs initiated by the task forces.

Electronic TB Register.
Local health unit workers and newly hired service providers for the Electronic TB Register under-went series of capacity building activities, including ETR users training, data management training and consultative workshops, funded by the Global Fund TB projects.

PROGRAMMATIC MANAGEMENT OF DRUG-RESISTANT TB

Mainstreaming MDR-TB Management in the National TB Control Program

THE PROCESS of mainstreaming Programmatic Management of Drug-resistant TB (PMDT) to the National TB Control Program (NTP) in the Philippines has progressed significantly through the Global Fund to Fight AIDS, TB and Malaria (GFATM) Round 5, which started in October 2006. The integration to the NTP largely builds upon the experience at the Green Light Committee (GLC) -approved pilot project initiated by the Tropical Disease Foundation (TDF) at the TDF/ Makati Medical Center (MMC) DOTS Clinic, which began in 2000. Under Round 2 of the GFATM, expansion started in 2003 through the involvement of faith-based organizations and public and private DOTS facilities, and the establishment of two satellite treatment centers for Multi Drug Resistant TB (MDR-TB), the

"PMDT Clinic Map"
Expansion of the PMDT services so far has been confined within the 17 cities and municipalities of the National Capital Region. The figure below shows a guide for DOTS facilities in the 17 local government units (LGUs) of MM to use in referring their MDR-TB suspects. The Treatment Center assignment is according to proximity and intended to distribute the patient load among these service delivery areas as the number of patients for enrollment steadily increases. The Treatment Center in the southern part of Metro Manila is undergoing capacity building.

Kabalikat sa Kalusugan (KASAKA) MDR-TB Housing Facility at the Philippine TB Society, Inc (PTSI) compound in 2004, and the Lung Center of the Philippines (LCP) DOTS Center in 2005.

Signing the Memorandum of Understanding

FOLLOWING THE ADVOCACY Symposium on PMDT to the Center for Health Development - Metro Manila (CHD-MM) and the seventeen local government units (LGUs) and other partners, a Memorandum of Understanding (MOU) specifying the roles of partners was signed on 13 October 2006 at the Diamond Hotel, Manila.

Consultative meetings

SEVERAL CONSULTATIVE MEETINGS were conducted to discuss the operationalization of the MOU in mainstreaming.

· An Internal Consultative meeting was held among the TDF staff to discuss the flow of procedures within the expanding project:

> The training modules will be the first competency-based training material on MDR-TB management in English

- Case detection or identifying MDR-TB suspects
- Management of MDR-TB patients at the treatment centers
- Laboratory procedures for MDR-TB
- Training for MDR-TB
- MDR-TB Patient decentralization
- Drug management in MDR-TB
- Recording and reporting in MDR-TB

· A consultative meeting with key partners, the NTP, CHD-MM, the LCP, the PTSI, and the National TB Reference Laboratory (NTRL) on the scope of expansion under Round 5 to treat 2,500 DR-TB cases, possible barriers and challenges.

· A consultative meeting with the LGUs and partners, Philippine Coalition against TB (PhilCAT) and the World Vision Development Foundation, Inc. (WVFI), TB LINC (a USAID project) was conducted to further discuss issues in the mainstreaming process and the need to put in place sustainability measures.

· A consultative meeting was held after disseminating case-finding priorities for MDR-TB and the referral system for DR-TB suspects to the CHD-MM and the NTP Coordinators of the LGUs on 26 January 2007. More referrals from the public health centers were received at the MDR-TB Treatment Centers for screening and diagnosis.

PMDT Implementation

MAINTENANCE OF DRUG MANAGEMENT in PMDT implementation in the NTP has been initiated. One room at the CHD-MM warehouse has been dedicated to SLDs . Starting Sept 2007, storage of most of the SLDs will be transferred to the CHD-MM facility. That will also take charge of drug distribution to the Treatment Centers in Metro Manila.

People Trained

1,050 health workers trained for PMDT from August 2006 to September 2007

5 physicians from other countries trained in the TDF for PMDT

Service Points Supported

3 MDR-TB Treatment Centers
113 health facilities as Treatment sites
4 culture laboratories
1 DST center

People Reached

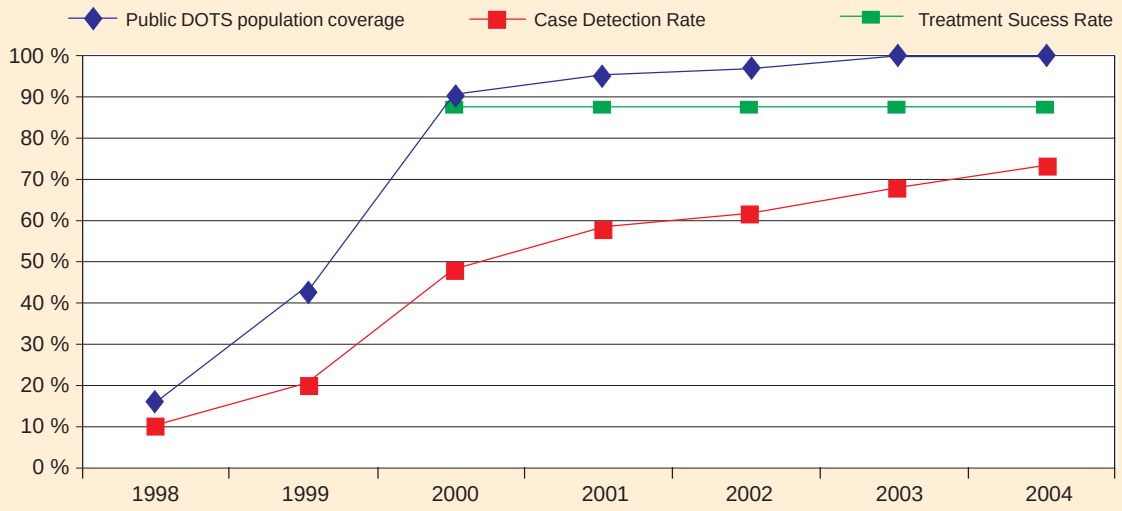
1260 patients with MDR-TB detected
632 patients with MDR-TB treated
183 patients endorsed to 113 treatment sites to finish remaining months of 18-month treatment
1450 households contacted
70.3% of patients with MDR-TB successfully treated

TRAINING MODULES for PMDT have been developed with technical assistance from the World Health Organization in Geneva, Switzerland with Elli Lilly funding through Karin Bergstrom, WHO , and Jacob Creswell, consultant. The training modules will be the first competency-based training material on MDR-TB management in English and will serve as basis for generic modules for other countries. A ten-step process was followed as shown in the table below:

PATIENT DECENTRALIZATION refers to the endorsement of patients from treatment centers to treatment sites once they are sputum-negative and have no uncontrolled adverse drug reactions. A program-based decentralization was started in a phased manner with more involvement from the CHD-MM and the City NTP Coordinators. Phase 1 included four areas, namely Caloocan, Pasay, Pasig and Quezon Cities. Phase 2 will include the six cities of Malabon, Mandaluyong, Marikina, Navotas, San Juan, and Valenzuela. Phase 3 will involve the entire Metro Manila. A feasibility study on managing drugs at the treatment site has been conducted since July 2007.

	STEPS	Date accomplished
1.	Define the target population for training.	August 2006
2.	List the tasks to be performed by the target population on the job.	August 2006
3.	List the skills and knowledge needed to do the tasks.	October 2006
4.	Select the skills and knowledge to be taught.	December 2006
5.	Draft expanded outlines of modules	March 2007
6.	Instructional objectives, draft of main body of text and descriptions of training methods, examples and exercises.	March 2007 until Mar ch 2008
7.	Experts provide realistic examples and information for use in exercises.	
8.	Draft the complete modules, Facilitator Guide	
9.	Field-test the training materials.	To be done in Mar '08
10.	Revise and finalize training materials based on the field test.	To be done in Apr '08

DOTS coverage, case detection rate, and treatment success



Decentralizing patients from specialized treatment centers to community-based DOTS facilities.

Psychosocial therapy sessions for patients

Patient Empowerment and Psychosocial Support for MDR-TB

· Group therapy started in September 2006 with the in-house patients at KASAKA and the MMC DOTS Clinic since June 2007, then the Lung Center of the Philippines since October 2007.

· Patient empowerment group outings with patients and staff; MDR-TB patients association; and quarterly whole-day training sessions for MDR-TB patients, mostly from MMC serve as interventions to enhance treatment adherence and patients as treatment partners or peer support group to other patients

· Three former MDR-TB patients started as cleric support staff in late 2006 and five more in 2007.

· A clinical psychologist produced a manual for facilitating group discussions. and undertook debriefing for clinic staff to help them deal with the challenges in patients.

Treatment Centers

TREATMENT CENTERS have been strengthened to operate independently, from diagnosis and treatment of MDR-TB. The three new treatment centers to be set up in Metro Manila include the Dr. Jose Reyes Memorial Medical Hospital

(DJRMMH) DOTS Center (formerly Tala Leprosarium), the Tayuman DOTS Center of the PTSI. Two more treatment centers will be established in the south of Metro Manila, as well as at the Eversely Hospital in Cebu City, CHD-VII.

Laboratory network

THE LABORATORY NETWORK in the Philippines to support PMDT implementation atthe NTRL, LCP Laboratory, and the PTSI Laboratory has been strengthened through capacity building and facility upgrade guided and supervised by the PMDT Laboratory Monitoring Team, TDF Lab Manager and staff from the NTRL. Additional staff have been recruited and trained, renovations have been made, and equipment was procured. Both the NTRL and LCP lab have been accredited as culture centers. At the moment, the TDF TB laboratory is the only facility accredited by the Korea Institute of Tuberculosis through proficiency testing for Rounds 9-12.

THE LABORATORY MONITORING team has also made an assessment of the Cebu TB Reference Lab (CTRL). It is intended to both be a culture and a DST center under Round 5 to serve patients in the southern part of the country.

Preserving the Effectiveness of TB Treatment Study (PETTS)

PETTS is an observational cohort study conducted in eight countries, to study *acquired resistance to second-line drug (SLD) resistance* and *treatment outcomes of patients*.

PATIENTS WITH a baseline positive culture within 30 days from start of treatment are studied. Baseline and follow-up isolates, if any, are submitted to CDC for SLD DST and genotyping. Follow-up isolate genotypically different from the baseline isolate will be excluded in the study. As of October 2007, 269 patients have been enrolled with baseline isolates. Of these, 109 (40.5%) had at least 1 follow-up isolate.

Policy Development

THE IMPLEMENTING Guidelines for PMDT has been drafted with technical from Dr. Masoud Dara, KNCV, and Dr. Sang-Jae Kim, Union. During this consultancy, a writeshop was spearheaded by the NTP and attended by partners.

Capacity building

THE FOLLOWING aspects of PMDT were the focus of technical assistance extended to the Philippines:

MANAGEMENT OF SECOND-LINE DRUGS
F. Jouberton –WHO, HQ,
June 2006

DEVELOPMENT OF TRAINING MODULES
K. Bergstrom – WHO, HQ
J. Creswell - WHO consultant
August 2006 & May 2007

POLICY DEVELOPMENT
M. Dara - WHO/ KNCV
January 2007

LABORATORY STRENGTHENING
S. J. Kim – WHO/Union
B. McKenzie – CDC
January 2007

RECORDING AND REPORTING
E. Heldal – WHO
February 2007

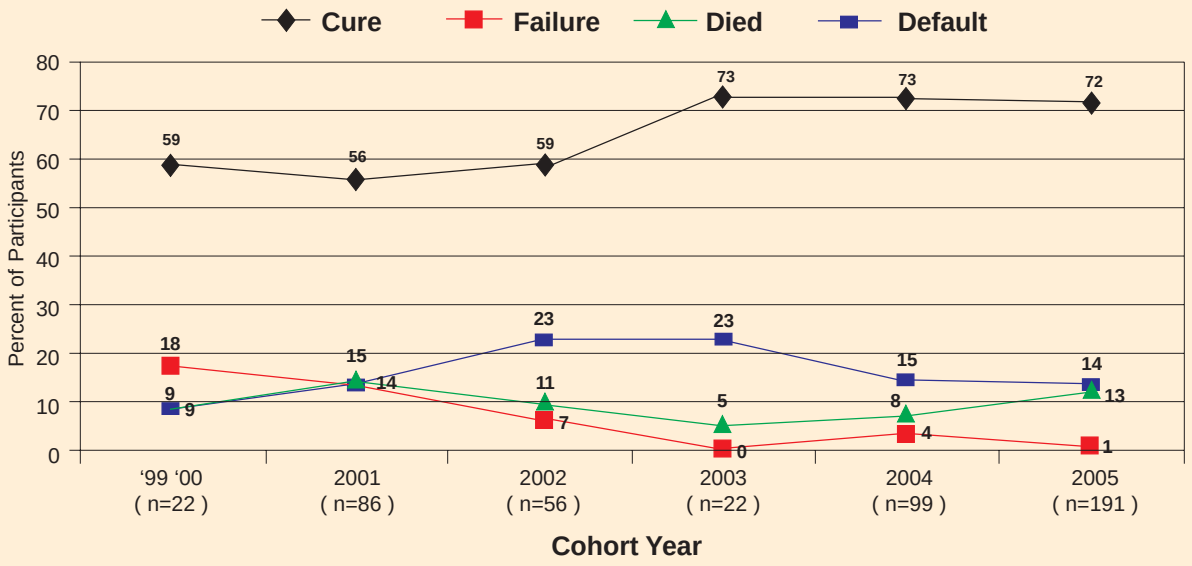
Training partners from public and private DOTS facilities

Treatment Outcome

THE ACCOMPANYING FIGURE shows the treatment outcome of patients from 1999 to 2005, demonstrating a progressive increase in the treatment success rates from 58% to 73%, which has been sustained in the past three years. There has also been a corresponding decline in treatment failure and death, except in the last year, where death rate went up to 13%. However, the default rate remains unacceptably high and is a challenge through decentralization of patients to treatment sites in their local communities to improve treatment adherence.

THE EXPERIENCE in the past year has prepared the TDF PMDT program for a scale-up nationwide, which we hope to undertake given an approval of the rolling continuation channel of the Round 2 TB project under GFATM, due to terminate by July 2008.

Treatment outcome of MDR-TB patients enrolled in 1999-2005 (n=470)



Patient Empowerment celebrated on World TB Day

"Sa tulong ng Diyos at ng patient organization, napagaan ang aking paggagamot ng MDR-TB." (With the help of God and our patient's organization, my MDR-TB treatment has been more bearable).This was one of the striking statements of Ms Gloria Bulayo, an MDR-TB in a testimonial of her experiences on having MDR-TB during the World TB day celebration in the Philippines on March 28, 2008. After her testimonial, the other patient members of KASAKA (Kasamahan sa Kalusugan) stood behind her and sang "If we hold on together". People in the audience were crying and swaying with them, obviously touched by them. Most of the patients said that they only realized now that there were a lot of people involved in fighting their disease. They also said that they are not ashamed anymore of having the disease because of their solidarity.

The slogan of the Philippine World TB Day celebration "Kaya Mo, Kaya Ko" ("You can do it. I can do it.") is so appropriate, as it would seem that these patients are encouraging other patients to stop TB the way they did it through DOTS. The patient organization in MMC DOTS clinic was organized in 2006 empowering them to participate in advocacy and to provide a support system for the MDR-TB patients who have just started on treatment. They help the clinic staff in doing DOT, encouraging treatment interrupters to return to treatment, and by acting as treatment partners to patients who cannot report to the treatment center.

RETREATING BEDNETS
Community members get involved in the fight against malaria by retreating bednets.

Global Fund Malaria Project

Accelerating Response to Malaria among the Philippines' Rural Poor

Global Fund Malaria Round 2 Project
Accomplishment Report for Year 4
From August 2006 to July 2007

... reduce malaria morbidity by 70% and mortality by 50%

Introduction

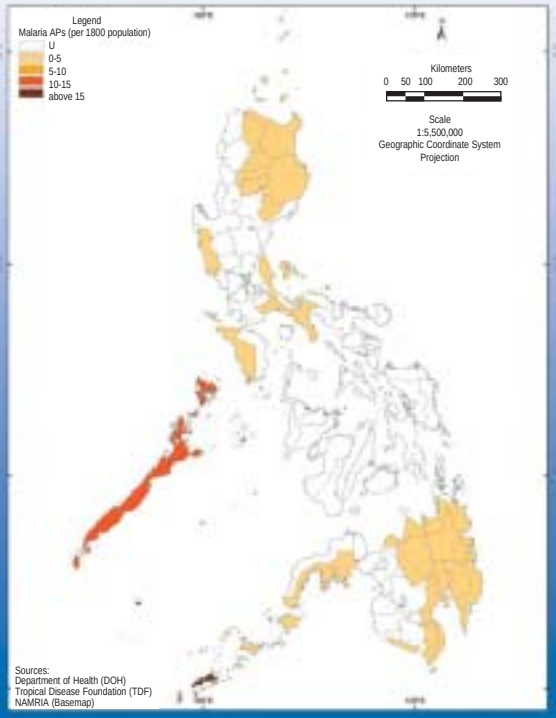
Malaria affects approximately 12 million Filipinos in 57 endemic provinces. The Global Fund Malaria Round 2 Project, now on its fourth year, covers 26 of these provinces, accounting for 90% of the cases. The goal of the project is to reduce malaria morbidity by 70% and mortality by 50%. To achieve this goal, the project's main strategies are early detection and treatment of cases, vector control, and strengthening the local government units' capacity for sustainable community-based malaria control.

Early detection and treatment of cases

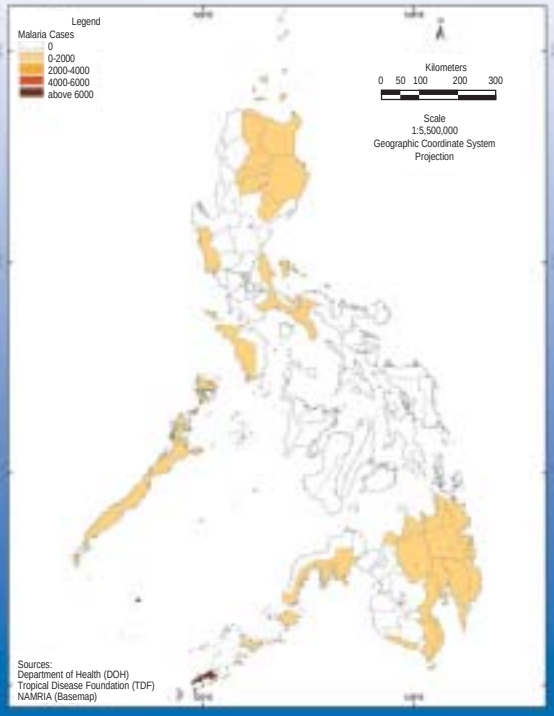
EARLY DETECTION and treatment of cases is essential to avoid progression to severe conditions and deaths. The project has invested in training service providers and providing the necessary equipment, supplies, and anti-malarial drugs to be able to improve existing diagnostic and treatment facilities and expansion to villages, thus, improving access to services.

THE PROJECT IS SHIFTING from a RDT that detects a single type of parasite (Paracheck) to a combo RDT (ICT) that is able to detect both *Plasmodium falciparum* and *Plasmodium vivax*. With Paracheck, there is still a delay in the treatment of *P. vivax*, since the blood film of the patient with a negative Paracheck result has to be sent to the nearest microscopy center to rule out *P. vivax*

Provincial Malaria Annual Parasite Index 2006

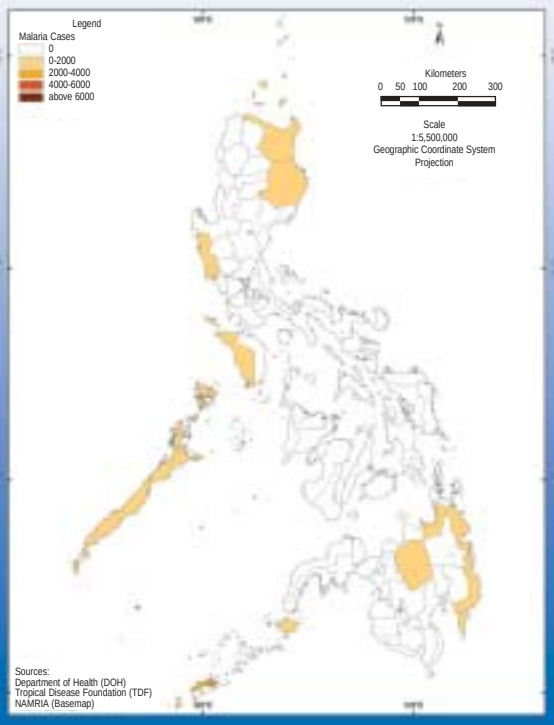


Provincial Malaria Cases 2006



Provincial Malaria Mortality 2006

Provincial Malaria Deaths 2006



infection. This leads to a minimum of a day's delay in treatment. Shifting to combo RDT will then make it possible to have the result for both types known in 15 minutes.

SEVERAL FOCUS group discussions for hospital doctors were conducted by the members of the TWG sub-committee on clinical management, in response to results from a 2005 survey of hospitals that showed that only 47% of the patients are appropriately diagnosed and treated. The objective was to identify the reasons for non-compliance by doctors to the national guidelines on drug therapy. The hospitals with the lowest proportion of non-compliance were chosen. Prior to the discussions, the patients' charts were reviewed and the findings became the basis for the inputs.

> ...patients are given the necessary treatment within 24 hours of being diagnosed

THERE ARE NOW a total of 1,696 health facilities that are being supported by the project. These health facilities were able to diagnose 32,706 patients with 4,108 hospital cases. The proportion based on the Philippine Malaria Information System (PhilMIS) of appropriately diagnosed and treated uncomplicated cases ranges from 83.5 to 99.7% in different provinces. This means that the patients are given the necessary treatment within 24 hours of being diagnosed.

THE PROJECT CONTINUES to provide the necessary logistics for the health facilities to be functional. The established inventory system aims to track down the distribution of these up to the barangay level to ensure that there are no diminished stocks of drugs and supplies. At present, around 40% of the health facilities are

People Trained

1,530 trained on malaria diagnosis
258 Rural Health Unit (RHU) medical technicians, 265 barangay microscopists, and 659 nationally and 345 locally trained Rapid Diagnostic Test (RDT) volunteers

767 RHU and hospital doctors, nurses, midwives and other service providers on clinical management of malaria (severe malaria management and national guidelines on malaria chemotherapy)

People Reached

1.5 million patients (approx.) tested for malaria from start of project to end of year 4, with around **600,000** patients tested and **32,706** patients diagnosed and treated for year 4

Commodities Distributed

10,422 RDT kits (Paracheck and ICT)
1.17 million tablets of Chloroquine
1.25 million tablets of Sulfadoxine Pyrimethamine
1.39 million tablets of Primaquine
50,010 blisters of Coartem
Various laboratory supplies

Service Points Supported

1,696 health facilities
300 rural health units / 498 barangay microscopy centers / 757 RDT sites

able to comply with the monthly reporting and, out of these, 20% have reported stock outs of drugs. This continues to be one of the challenges that need to be addressed, as this is not just a project concern but also a problem of the health inventory system as a whole.

Vector control to reduce malaria transmission

THE COMPLEMENTARY strategy of applying appropriate vector control measures to interrupt malaria transmission has been the focus of strengthening efforts through the four years of project implementation. A minimum coverage of 80% of the population with insecticide treated nets (ITN) has been shown to result in reduction of further spread of malaria infection.

People Trained

22 community volunteers and Malaria Control program personnel were trained on Indoor Residual Spraying.

People reached

41,319 houses (103%) were sprayed in selected target provinces.

156% (369,084/236,810) retreatment rate was achieved during the fourth year of project implementation. Factors cited for this improved output are as follows: a) adequacy of insecticides for retreatment; b) better social preparation done by the Rural Health Unit (RHU) staff, volunteers and project staff; and c) improved coordination with the LGUs, Provincial Health Teams and regional health offices.

Commodities Distributed

725,648 nets were distributed to target beneficiaries of the **26 provinces**.

It was during the last batch of net distribution that most nets were distributed for free

Php 15,598,375 ($ 389,959) was collected from the Cost Recovery Scheme. Out of this amount, **Php 9,735,001.75 ($ 243,375)** was used to procure nets, insecticides and spraycans. The rest of the collections will be spent to fund community-based activities as determined by the RHU staff and community leaders.

Service points supported

9 stockpiles are being supported with commodities for outbreak response. Zonal stockpiles for epidemic response continued to receive supply of insecticides, first to third-line drugs and RDT kits. Additional spraycans were also given in the fourth year.

WITH ITN USE as the primary strategy, distribution of ITNs and retreatment of these nets, were the major vector control activities done. As a result, an estimated 72% of households own at least one ITN and based on the Bednet Utilization Survey, 66% of children below 5 years old sleep under an ITN every night.

THE CHALLENGES for this component included motivating households to regularly use their ITNs and ensuring that their ITNs will be retreated at least once a month prior to the peak season of transmission. Proper care of nets has been promoted, so that communities will be aware of the need to cut down on the frequency of washing their nets and the effectiveness of the insecticide.

CONTINUOUS SOCIAL mobilization and promotion of health practices related to ITN use will help maintain a high cover of ITN, thereby ensuring better transmission control.

Strengthening capacity for implementation of sustainable community-based malaria control program

MOBILIZING COMMUNITIES, local governments, and the private sector is the strategy that is intended to tie together the gains from early diagnosis and prompt treatment as well as appropriate vector control. As various sectors become more aware of malaria and the interventions for its prevention and control,

capacity is increased for these stakeholders to respond to this public health problem.

THE IMPLEMENTATION of the IEC package by the provinces continue to be a major activity in the fourth year as well.

People trained

115 elementary school teachers and **38 high school teachers** were oriented on the use of the malaria module for their respective classrooms. After the orientation, the teachers proceeded to use the modules in pilot schools.

102 Personal Sellers (Malaria Health Educators) were trained in five provinces.

People reached

700,000 people (approx.) were reached by Malaria Awareness campaigns conducted at the provincial and municipal level. Schools and medical outreaches were major venues for wide-scale information dissemination through forums, contests and even net retreatment.

Service points supported

1,810 partners were mobilized as of year 4 of the project (99%) for:

- the vector control activities (net distribution, retreatment, and spraying)
- monthly reporting, and
- leading activities on health promotion.

Management Committees for Malaria Control continued to strengthen this year. Functional committees at the provincial, municipal, and barangay level will help ensure the sustainability of the gains in early diagnosis and prompt treatment, as well as in vector control.

> ...50% reduction in death has already been attained in 23 provinces.

Impact of Social Mobilization Efforts

MARKED REDUCTION in cases and deaths were already seen in 2006. The goal of 70% reduction in morbidity has already been attained in 10 provinces and 50% reduction in death has already been attained in 23 provinces.

THE PROJECT CAN NOW FOCUS on improving quality through the Quality Assurance (QA) system. The QA system has been expanded onto the rest of the 24 project provinces, with 54 validators already passed the proficiency assessment. A national policy review is recommended to discuss the possibility of changing treatment guidelines.

THE PROJECT STILL NEEDS more nets to distribute to attain at least 80% coverage. Retreatment, although greatly improved by the end of the fourth year, remains a challenge, due to the difficulty of convincing people to have their nets retreated. Mobilization of community volunteers and other local groups for retreatment are the strategies that facilitated this activity and will continue to be employed.

REACHING OUT to the community through students was a major strategy employed by the provinces in the last semester of year 4. After the pilot phase of orienting the teachers on the use of the module and actual use in the classroom, the materials were evaluated and

found fit for use, resulting in the issuance of a memorandum circular on the integration. This will facilitate the dissemination of basic knowledge on malaria, enabling the students to apply practical measures for prevention and control. Results have been widespread and have demonstrated the effectiveness of the strategy.

- In northern Mountain Province, high school students led in the mobilization of community members for retreatment.
- Retreatment activities were done among grade 5 and 6 students in Sulu with the students bringing their nets for retreatment after a series of room-to-room campaigns.
- In Misamis Oriental, Basilan and Sarangani, the Department of Education's provincial and district offices have approved the adoption of the Malaria module in the school curriculum for elementary schools.
- The use of Literacy Centers was also a strategic entry point for dissemination of knowledge and skills on malaria diagnosis, treatment, and prevention among indigenous peoples (IPs) in Bukidnon.
- Parateachers (who are volunteers of the school-based literacy program for IPs of Mountain View College) were equipped to use flipcharts on malaria for their literacy classes.

THE DESIGNATION of malaria point-persons from among the RHU staff is a strategy that is intended to facilitate the institutionalization of the logistics management system and the information system for MCP. Through the Provincial Management Committee/Technical Working Group in several provinces, this has been already put in place with the point persons overseeing the reports collection and validation as well as inventory management and distribution of commodities.

Impact

IN 2006, marked reduction in cases has already been observed in the provinces except for Basilan, Tawi-tawi, Bukidnon, Palawan and Occidental Mindoro. The goal of 70% reduction in morbidity compared to the average annual cases from 1997 to 2001 by July 2008 has already been achieved in 9 provinces. Overall, there has been a 16% reduction in morbidity. The goal of 50% reduction in deaths has already been observed in 23 out of the 26 provinces. Overall, mortality has been reduced by 75%.

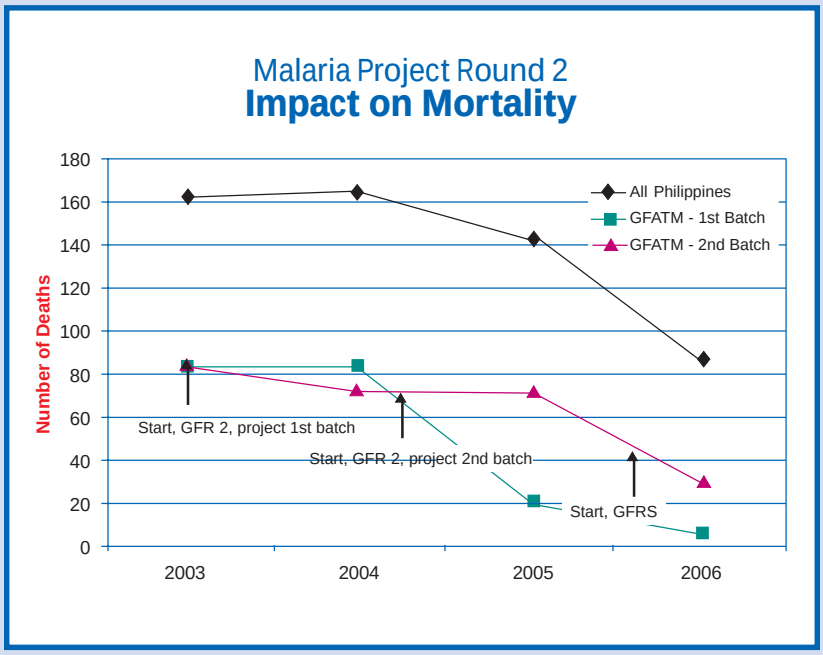
ON THE NATIONAL LEVEL, malaria cases and deaths show a downward trend. In 2006, there were 33,852 cases and 89 deaths, representing a 30% reduction in morbidity compared to the baseline figures of the average cases from 1997-2001; and a 50% reduction in death, compared to baseline mortality in 1998. When compared to 2005 figures (46,342 cases and 150 deaths), these data represent 27% reduction in malaria cases and 40% in malaria deaths.

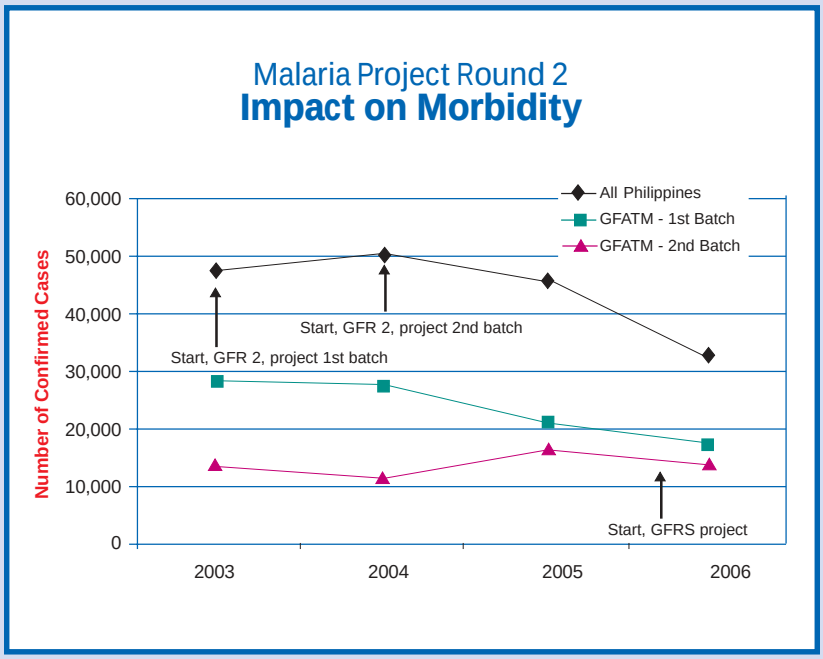
THE 26 CATEGORY A PROVINCES showed a downward trend of cases, with a 32% reduction of cases (2006). Only 8 project areas remain as Category A, 16 are now in Category B and 2 in category C. When comparing the 5-year average number of malaria cases (2001-2005) to the previous 5-year average from 1995-2000 of the different provinces, the number of Category A provinces has decreased from 26 to 9 (65% reduction), while the Category B provinces has increased by 4% (from 22 to 23 provinces respectively) and Category C provinces has likewise increased by 72% (from 18 to 31 provinces respectively). Likewise, malaria free provinces have increased by 23% (from 13 to 16 provinces).

IN THE SECOND BATCH of 15 provinces, which started implementation in year 2 of the project (August 2004 to July 2005), the number of cases increased in nine provinces after deploying trained microscopists and the RDT diagnostic staff in hard-to-reach areas. In most of these provinces, the actual status of malaria had been difficult to assess prior to project implementation, due to the absence of personnel and facilities equipped to diagnose the disease. With the Global Fund's support, active case finding was made possible, hence the increased trend in several provinces. However, with adequate and continuous supply of anti-malarial drugs and support for the facilities, as well as adequate coverage of ITN, these trends improved in the fourth year of the project.

IN 2005 AND 2006, there were several outbreaks in the project provinces that occurred and resulted in the increase of cases in an otherwise declining trend. These are the areas that require intensive surveillance, together with investigation of cases in the neighboring provinces and municipalities that border these affected areas.

IT IS EXPECTED that trends for both cases and deaths will continue to go down. In order to achieve further decrease in cases, the most effective anti-malarial drug regimen should be adopted and the vector control strategies maximized for greater efficiency and coverage. To facilitate this, a policy review of the various components of the national malaria control program is expected to modify treatment guidelines. The project is assisting the National Malaria Control Program in its efforts to review and revise the malaria policies relevant to changes in the malaria situation and in consideration of the many experiences gained from the implementation of the project.





SSESS TRAINING
Participants of the SSESS Training held at El Cielito Inn, Baguio City, March 26-30, 2007

Global Fund HIV/AIDS Projects

Accelerating HIV/AIDS Prevention... Upscaling the National Response

Global Fund HIV/AIDS Round 3 Project Year 4
Global Fund HIV/AIDS Round 5 Project Year 1
Combined Accomplishment Report
From August 2006 to July 2007

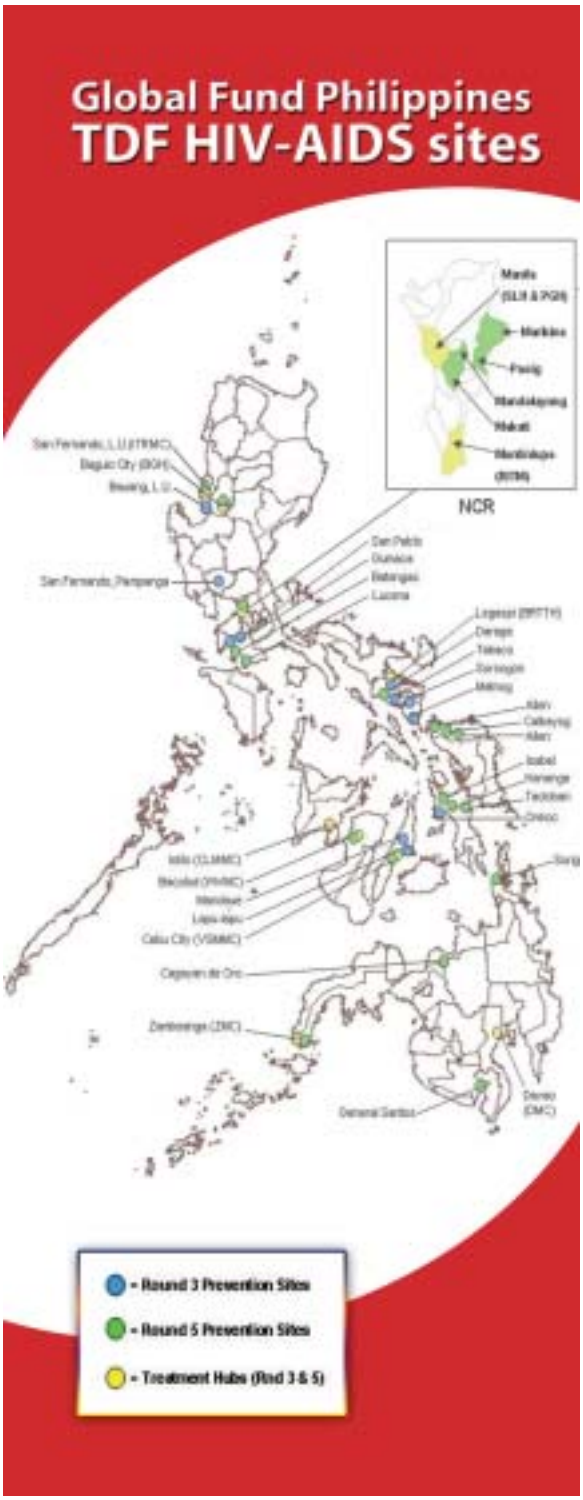
Accelerating STI and HIV/AIDS Prevention through Intensified Delivery of Services to Vulnerable Groups and People Living with HIV/AIDS in Strategic Areas in the Philippines (Round 3) and
Upscaling the National Response to HIV-AIDS through the Delivery of Services and Information to Populations at Risk and People Living with HIV and AIDS (Round 5)

... prevent the further spread ...reduce its impact on those already infected

The Global Fund HIV and AIDS projects aim to contribute to the national goal of preventing the further spread of STI, HIV and AIDS infection and reduce its impact on those already infected and affected.

THE THIRD YEAR of implementation of the Round 3 project proved to be very challenging primarily due to the delayed implementation of outreach programs that resulted from implementers' re-start up activities and the several adjustments made to conform to the new program implementation scheme. The HIV Project Management Team (HIV PMT) of the TDF and PNGOC with its partner NGOs in eleven project sites collectively exerted efforts to realize the project targets for Year 3. Support from the local government units (LGUs) and other key stakeholders at the local, regional and national levels facilitated the delivery of services to the most-at-risk populations (MARPS) and people living with HIV (PLWHIV), their affected families and significant others.

THE GF HIV ROUND 5 PROJECT aims to prevent the further spread of HIV infection and reduce its impact on individuals, families and communities.



19 NGOs Engaged as Project Partners

TDF WAS SELECTED as the principal recipient for the GFATM HIV Round 5 Project. The HIV PMT directly implemented the project in 18 prevention sites and 11 treatment hubs (adding five new treatment hubs to the six treatment hubs that are part of the Round 3 project). Guided by the HIV Technical Working Group, the HIV PMT worked with a panel of experts to screen and select NGOs based on pre- approved criteria. Twelve NGOs were selected to implement prevention interventions in the 18 sites and seven NGOs were identified to implement activities for care and support.

TDF CONDUCTED a Project Orientation Workshop for the NGOs selected as sub-recipients. Executive Directors, Program Managers, and Finance Officers from the 19 NGOs attended the workshop last April 10-11, 2007. They were oriented on the project, strategies and implementation mechanisms, financial management systems and reporting procedures. The outputs of the activity were the financial and programmatic work plans of each NGO for their st-up activities and for phase 1 project implementation.

The 19 NGOs are as follows:

1. **AIDS Watch Council (AWAC) -** Baguio
2. **Kanlungan Center Foundation** - San Fernando, La Union
3. **Remedios AIDS Foundation (RAF)** - Metro Manila (PIPs and MWs)
4. **TLF Collective SHARE, Inc.** - Metro Manila (MSMs); Batangas City and Lucena City
5. **Bicol Reproductive Health Information Network, Inc. (BRHIN)** - Daraga
6. **Leyte Family and Development Organization (LEFADO)** - Allen, Catbalogan, Calbayog, Tacloban, Isabel & Kanangga
7. **Family Planning Organization of the Philippines (FPOP)** - Surigao City

8. **Hope Volunteers Foundation, Inc. (HOPE)** - Bacolod City
9. **Alliance Against AIDS in Mindanao (ALAGAD)** - Cagayan de Oro
10. **Social Health Environment & Develop-ment Found., Inc. (SHED)** - Gen. Santos (IDU)
11. **Human Development and Empowerment Services (HDES)** - Zamboanga City (IDU)
12. **Philippine NGO Council on Population Health and Welfare (PNGOC)** - Metro Cebu (IDU)
13. **Pinoy Plus** - La Union and M.Manila (TCS)
14. **Remedios AIDS Foundation (RAF)** - Cebu and Metro Manila (TCS)
15. **Positive Action Foundation Philippines, Inc. (PAFPI)** - Metro Manila and Bicol (TCS)
16. **Kabataang Gabay sa Positibong Pamumuhay (KGPP) / Empowered** - Western Visayas (TCS)
17. **Kabataang Gabay sa Positibong Pamumuhay (KGPP) / Crossbreeds** – Bacolod (TCS)
18. **Alliance Against AIDS in Mindanao (ALAGAD)** – Mindanao (TCS)
19. **Human Development and Empowerment Services (HDES)** – Zamboanga City (TCS)

PREVENTION COMPONENT

People Trained for Round 5

161 Community Health Outreach Workers and Peer Educators participated in trainings on Behavior Change Communication (BCC)

104 Social Hygiene Clinic personnel and private practitioners were trained by the NEC in the use of the Sentinel STI Etiologic Surveillance System (SSESS)

34 medical technologists from the SHCs and private facilities underwent proficiency training on HIV and other blood-borne STIs (hepatitis B, C and syphilis) conducted by the STD/AIDS Central Cooperative Laboratory (SACCL), National Reference Laboratory for HIV/AIDS, Hepatitis and Sexually Transmitted Infections.

32 NGO representatives participated in the workshop on Project Management conducted by TDF

People reached by community health outreach workers

1,183 Injecting drug users:
800 (100%) Round 3 and 383 (136%) Round 5

12,615 Migrant Workers:
9431 (97%) Round 3 and 3184 (174%) Round 5

15, 223 Males having Sex with Males:
12,140 (87%) Round 3 and 3082 (138%) Round 5

14,530 People in prostitution:
11,095 (85%) Round 3 and 3435 (251%) Round 5

Commodities distributed

290,726 condoms procured and distributed in prevention sites: 79,000 Round 3 and 211,726 (102%) Round 5
11 kits of gram stain, syphilis diganostic kits to social hygiene clinics to SHCs

1100 Determine HIV kits to SHCs

Antibiotics for STI to SHCs

Service Points supported:

32 Social Hygiene Clinics with staff trained on STI management voluntary counseling and testing (VCT) and use of the Sentinel STI Etiologic Surveillance system (SSESS) and provided with drugs for Sexually transmitted infections (STIs), and equipment (binocular microscopes, clinical centrifuges, pipettors) and test kits for STIs and HIV, laboratory reagents and supplies and training of staff on VCT and SESS: 11 Round 3 and 21 Round 5

7 Regional Epidemiology Surveillance Units (RESU) provided computers and printers for monitoring and evaluation purposes.

12 NGOs (Round 5) provided with the appropriate capacity through enhancement trainings on BCC, VCT

TREATMENT, CARE AND SUPPORT COMPONENT

People trained:

50 HACT leaders, internists/ infectious disease specialists, nurses, pharmacists and social workers from the different treatment hubs and private hospitals participated in the Training on the Clinical Management of HIV and AIDS for the HIV/ AIDS Core Teams (HACTs).

58 health care workers and social workers from the SHCs, treatment hubs and Treatment, Care and Support NGOs (TCS NGOs) trained to be counselors in the Voluntary Counseling and Testing (VCT) workshop conducted by the DOH and resource speakers from SLH and PGH.

20 HACT members from the different treatment hubs were trained in the use of HIV/AIDS Electronic Medical Record (EMR) used to store patient data such as general information, history, laboratory results, follow up visits, and medications and other data relevant to the project.

412 PLWHIV and their families and significant others trained on home-based care of whom

164 PLWHIV actively involved in PLWHIV groups

People reached:

336 AIDS patients: 170 (100%) Rd 3 and 166 Rd 5, provided with free antiretroviral drugs (ARVs) and drugs for prevention of opportunistic infections

2 health care workers provided HIV prophylaxis after nosocomial exposure

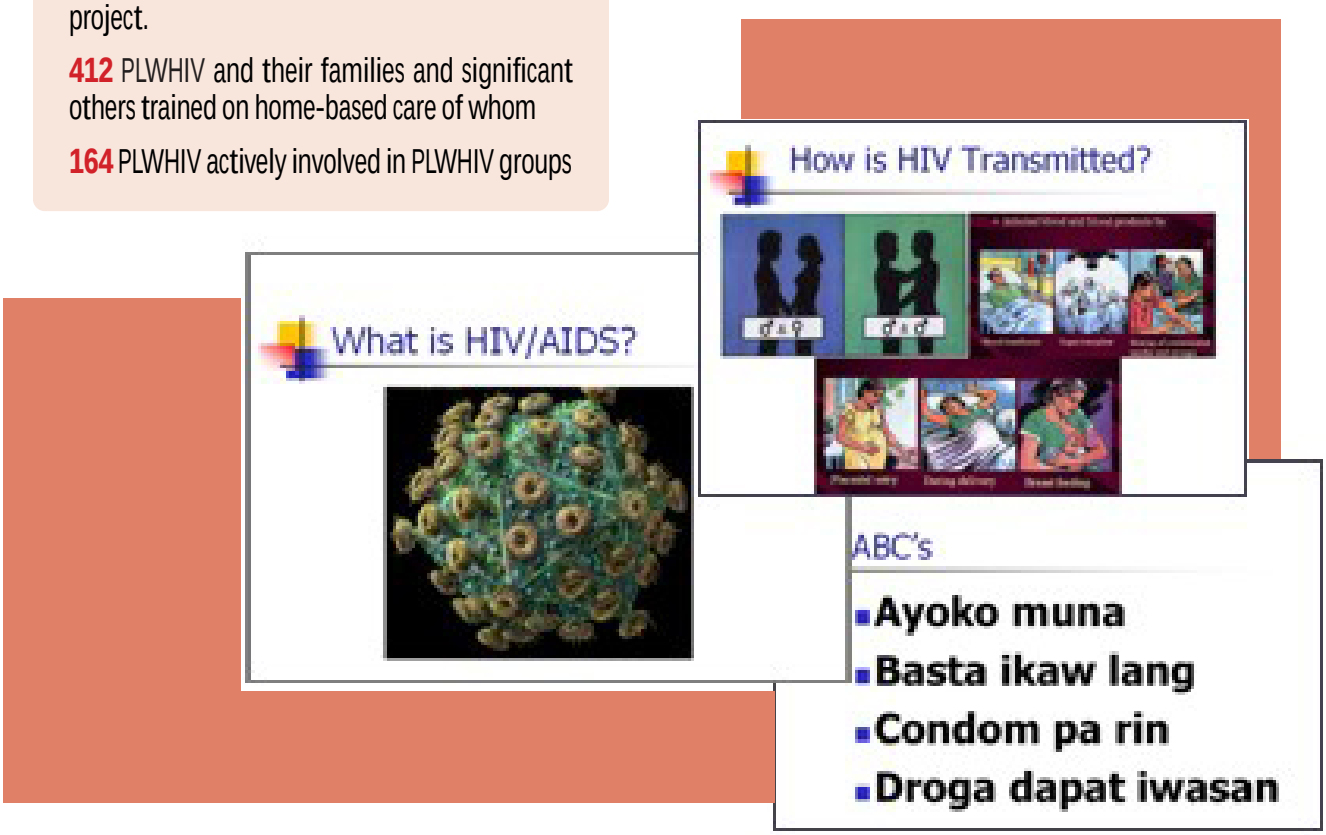
81 (81%) PLWHIV received prophylaxis for opportunistic infections

48 AIDS patients (240%) treated for opportunistic infections (OIs)

7 (88%) patients provided with INH prophylaxis

605 (81%) PLWHIV and affected families received care and support

269 PLWHI and their affected families provided counseling and medical and livelihood assistance



Participants were asked to classify whether a behavior is a low risk or a high risk one as part of the VCT Training held at City Garden Hotel Manila, May 7-11, 2007.

Commodities distributed:

ARVs, including first-line and second-line drugs, and drugs for OIs were distributed to all treatment hubs.

1 BD Facscount Flow cytometer, equipment to determine CD4 counts of PLWHIV, was procured for the Research Institute for Tropical Medicine (RITM). The facility is the second project site aside from SACCL capable of performing CD4 testing in the country. It has been designated as the CD4 testing center for the treatment hubs located south of Metro Manila.

1 Cobas Taqman 48 Analyzer, real-time polymerase chain reaction (PCR), was procured for STD/AIDS Central Cooperative Laboratory (SACCL).

Laboratory supplies, including reagents used to determine CD4 counts, were distributed to SACCL and RITM.

Service points supported:

11 treatment hubs: original 6 (Rd 3) and 5 new hubs (Rd 5) with at least 2 health care providers trained on the management of PLWHIV using ARVs and drugs for OIs, VCT and the use of HIV/AIDS electronic medical records

7 NGOs selected for Care and support of PLWHIV and their affected families through home-based care, and counseling

Strengthening Health Management Systems

THE PROJECT PROVIDED an opportunity for various groups involved in the prevention and control of HIV in the country to work together for a common goal.

· The DOH and the National AIDS STD Prevention and Control Program promoted for more active participation of the Centers for Health and Development (CHDs) and regional STI coordinators in the project activities and trainings.

· A referral system established between the NGOs and SHCs enabled clients identified by the NGO to be referred to the SHC for counseling and proper STI diagnosis and management. The NGOs and SHCs have advocated for more meaningful participation of the local government units in strengthening STI and HIV interventions at the city or municipal level.

· The project witnessed the maturing relationship among the treatment hubs and TCS NGOs. These groups have worked together in providing holistic management and care to PLWHIV, their families and significant others. Experts from RITM, SLH and PGH have taken on the role as mentors to members of the HACT teams of the newer treatment hubs. The TDF established the HIV clinic to cater to referrals from physicians in the private sector. Through this clinic, patients can access free ARVs and drug for OIs as well as CD4 testing at SACCL.

· TDF and NEC continue to collaborate in activities to improve the flow reports from the sites and to ensure quality of these reports for the use of the NEC in preparing reports for the DOH.

The treatment hubs and TCS NGOs... working together in providing holistic management and care to PLWHIV

· The HIV PMT conducted cluster meetings in the project sites to sustain the involvement of active participants and to elicit the participation of those who can still be tapped. The meetings kept stakeholders abreast on the status of project implementation in their respective sites, explored potential areas for partnership, and established network and linkages to ensure smooth project implementation.

Operations Research

THE PROJECT SUPPORTED the implementation of an operations research conducted by the team of Dr. Consortia Lim-Quizon looking at the accessibility of injecting drug users in Metro Manila. The research has been completed and has been presented to the TWG. A consultant was identified by the HIV PMT to organize the Operations Research Committee to screen and select five proposals for implementation The following operations researches are now being implemented by the proponent organizations:

· Assessing HIV Vulnerability of Seafarers and Designing Appropriate HIV Prevention and Care Response (Action for Health Initiatives - ACHIEVE)

· An Operations Research for a Better Understanding and Information on HIV and AIDS Among Workers of the Informal Sector (Trade Union Congress of the Philippines - TUCP)

· Comprehensive Assessment of HIV and STI Vulnerabilities Among Out of School Youth in the Philippines: Opportunities and Prospects for Establishing an Intervention Model for Program Development (University of the Philippines National Institute for Health – UP-NIH)

· HIV Risks and Vulnerabilities of Street Children in Highly Urbanized Cities in the Philippines (Kabataang Gabay sa Positibong Pamumuhay - KGPP)

· Understanding the Risks and Vulnerabilities to HIV and AIDS of Filipino Out of School Youth (Health Action Information Network - HAIN)

Success Stories

ORMOC LGU funded AIDS Candlelight event

The Ormoc LGU initiated and provided funds to support the widely-attended AIDS Candlelight Memorial in Ormoc City last May 2007. The Leyte Family Development Organization (LEFADO) assisted in the preparation of the event. Ormoc recently approved the HIV/AIDS Ordinance, and the involvement of the LGU, CHO and NGOs in the celebration of the AIDS Candlelight Memorial is an important step in the implementation of the ordinance and a proof of their seriousness in taking a pro-active stance in responding the epidemic.

PLWHIV Involvement: A Significant Step to Empowerment

THE ALAGAD MINDANAO EXPERIENCE

ALAGAD is the sole organization working on AIDS in Davao and throughout the Mindanao region. Since 1998, ALAGAD has handled several PLWHIVs of which three became ALAGAD volunteers. The NGO promotes volunteerism among the PLWHIV. Volunteer work may involve doing simple document filing tasks, but according to ALAGAD, these volunteer experiences enhance the PLWHIVs' capacity to understand and cope with their condition and facilitate development of a support system among their peers. This was demonstrated by two PLWHIV volunteers who generously provided resources to cover the cost of shipping blood specimens of six PLWHIV to Manila for CD4 count determination. This act of charity has been highly recognized, not only by the organization, but also by the PLWHIVs and their families as a " *clear demonstration of how volunteerism can empower PLWHIV to provide peer support beyond what is expected. Indeed, the experiences gained from volunteering deeply hastened their resolve to be of mutual help to each other"*

"Jenny", the peer educator for the GFATM HIV project

Jenny is from Olongapo City. He was a manicurist-turned-spa manager, recruited and trained by ReachOut Foundation, an NGO implementing activities for the GF HIV project, as a peer educator (PE) for the MSM group. Jenny regularly attended AIDS-related activities in his community and it was in one of these activities where his skills as a PE were noticed by the event organizer. He was recruited as a PE for a LGU project. He extensively applied the skills he obtained from the GF HIV experience to the project. Because of his dedication to his work as PE, he was eventually offered a permanent position by the LGU. Jenny has this to say from his experience; *"I'm pleased to have a regular work at the Municipal Hall. But granting they didn't offer me this job, I would still have continued educating people about HIV and AIDS, especially my peers because I know that they badly need the information."* Indeed, a peer educator will always remain one for as long as there are people who need them.

Success Stories

Zamboanga City: Gaining Access into a new target barangay to help IDUs

Through the dedicated Peer Educators, the project was able to penetrate even the most **"notorious"** areas where guns and goons flourished – **risking their own lives to be able to help.**

24th Annual International AIDS Candlelight Memorial Celebrated in the Philippines

"Leading the Way to a World without AIDS"

On the 20th of May 2007, the project sites celebrated 24th Annual International Candlelight Memorial centered on the theme "*Leading the Way to a World without AIDS."* With assistance from the GF HIV project, the project sites organized activities commemorating this special event and brought together the various sectors of the community.

"A" Rating for PHI-506-G04-H

After six (6) months of catch- up activities, the HIV Round 5 Project implementers were able to achieve targets way beyond what was expected to be delivered, with fourteen (14) of the fifteen (15) indicators met with accomplishments exceeding 100%. As such, an "A" or excellent grade was given by the Global Fund Portfolio Fund Manager for the HIV Round 5 Project Implementation.

Success Stories

The Regional AIDS Assistance Team (RAAT)

Moving Towards Sustainability of the HIV and AIDS Response in the Philippines

RESOLUTION No. 3 SERIES OF 2007

Creating the Team

The Philippine National AIDS Council (PNAC) created the Regional AIDS Assistance Team (RAAT) through Resolution No. 3, series of 2007. The RAAT is a national, regional, and local coordinating body to facilitate local response to HIV and AIDS in the Philippines. The PNAC shall create the Regional Team together with the Department of Health (DOH), Department of Social Welfare and Development (DSWD) and Department of Interior and Local Government (DILG) and other key government agencies.

Two Steps Forward, One Step Backward

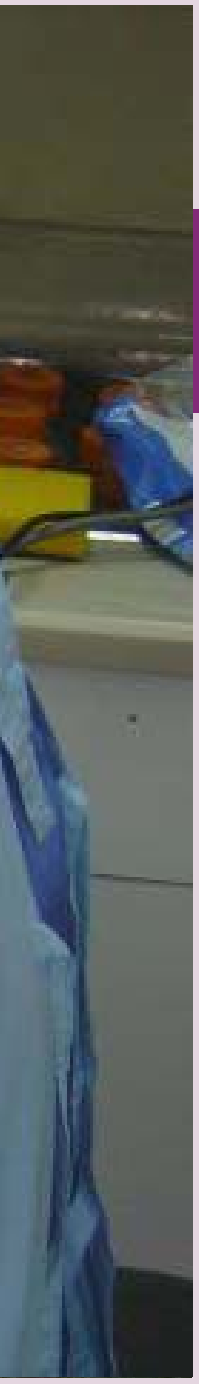
The RAAT operates in the spirit of full partnership and collaboration. Led by the three (3) primary agencies involved in the HIV and AIDS national response, it hopes to fill in and bridge the implementation gaps for an effective, efficient and sustainable local and regional response that is parallel to the national response by advocating and supporting local efforts for HIV and AIDS; by providing guidance and technical assistance to local implementers; and by linking local government units to available NGO resources in a spirit of public private partnership (PPP).

Operationalizing the local response must be driven by a continual update on the national response key strategies dictated by the current situation of HIV epidemic in the country and based on the resources that are available to enable them to provide realistic technical assistance – TWO STEPS. Any policy change leading to modifying strategies must be driven by an in-depth analysis of the local situation undertaken by the team in collaboration with the local government unit and their NGO partners, as changes brought about by a participatory approach with the people concerned are more meaningful than those imposed.

The RAAT formula is a multi-sectoral HIV and AIDS response that is locally driven and emanates from local government units enhanced by a strong regional support as a link to the national level, in a spirit of partnership, guided by a one national response.*

**The Tropical Disease Foundation, Inc., strongly believes in the principle of a multi-sectoral approach through the involvement of government organizations at all levels of project implementation with the RAAT serving as a link between the national level and the local government units to ascertain sustainability of the local response.*

TDF TB LABORATORY
Laboratory staff in action. Performance results shows good proficiency and has been more than satisfactory



Research Programs

Establishing linkages in order to facilitate technology transfers

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. To support the activities of the DOTS Clinic, the TB Laboratory Staff continues on an active staff development program and quality assurance activities.

Laboratory Staff Training

Trainee	Course	Venue (Date)
S Magali M Mendoza	Basic Sputum Microscopy	Philippine Tuberculosis Society Inc. Quezon Institute (May 7-11, 2007)
G Egos, C Guray, M Evangelista, Umali, A Geronimo	T spot Test	Tropical Disease Foundation Laboratory Immunotch (June 20- 23, 2007)

External Quality Assurance of the TB Laboratory

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. Following the new guidelines on External Quality

Assessment for AFB Smear Microscopy by the IUATLD, random samples of slides are submitted quarterly to Bangkok TB NTRL for Quality Assessment. In the quarters that the QA was done, the performance of the TB Laboratory on AFB Smear Fluorescence Microscopy has been more than satisfactory.

Participation of the TDF TB Laboratory in the yearly proficiency

Testing for Drugs Sensitivity Testing of the first line drugs has been done since Round 9 under the supervision of the Supra National Laboratory at the Korea Institute of Tuberculosis. In all rounds, the performance of the TDF TB Laboratory has been better than satisfactory, often exceeding the performance of some Supra National Laboratories. The latest results from the 12th round shows good proficiency in Drug Susceptibility Testing.

Parameters	INH	RMP	SM	EMB
R detection	15/15 (100%)	11/11 (100%)	11/11 (100%)	9/9 (100%)
S detection	14/15 (93.3%)	18/19 (94.7%)	18/19 (94.7%)	21/21 (100%)
Over-all efficiency	29/30 (96.7%)	29/30 (96.7%)	29/30 (96.7%)	30/30 (100%)
Reproducibility	10/10 (100%)	10/10 (100%)	10/10 (100%)	10/10 (100%)

Consultants

Dr. William McKenzie ..... CDC
Ms. Aysel Gumusboga ..... CDC/AERAS
Laboratory evaluation in support of the laboratory strengthening program for PMTM (Jan 29, 2007)

Dr. Raul Castor .....CRA PPD
Regular Monitoring visit for the Clinical Trial with CWRU-TBRU (Feb 11–12, 2007)

Dr. Massoud Dara ..... KNCV
Dr. Sang Jae Kim ..... IUATLD
Conduct review and assessment of existing culture facilities in the Philippines for programmatic MDRTB management; recommend strategies and approaches for strengthening culture and DST for supporting the scale-up of the MDRTB program in the Philippines (Feb 18 – Mar 3, 2007)

Hojoon Sohn ..... FIND
(Foundations for Innovative New Diagnostics)
1. Full cost data collection establish complete cost data base on infrastructure and equipment utilization cost associated with MGIT DST and Solid Media DST, and,
2. Training for future cost self collection processTrain the laboratory and procurement department personnel in LCET self collection tool (March 29- April 16,2007)

Chris Sloane ..... Immunotec
Conduct training on T spot method (June 20-23, 2007)

Dr. James Douglas .... University of Hawaii
Possible collaboration on Molecular typing of MTB strains (June 21, 2007)

Dr. S. Endo .... Research Inst. of Tuberculosis
Site visit to observe flow of patients and specimens and the database for MDR-TB patients (June 29, 2007)

The Demonstration Project with the Foundation on Innovative New Diagnostics (FIND)

THE USUAL turn-around time from specimen collection to species identification is 12-15 weeks and 16-20 weeks total to include DST results. Rapid methods for culture and species identification are essential for early diagnosis and prompt therapy of MDR-TB patients. The TDF lab is currently undertaking a demonstration project through the Foundation for Innovative and New Diagnostics (FIND) using the MGIT 960 system and Capilia TB kit.

SPUTUM SPECIMENS from 800 MDR-TB suspects that had positive MGIT cultures between July 2007 to January 2008 were studied. MGIT positive samples were screened microscopically for AFB. A 100ul from the liquid in AFB+ was dropped into the kit and positive result was indicated within 5-30 minutes. Confirmatory procedure was done using niacin, nitrate reduction and 680C catalase reaction from a subculture in Lowenstein-Jensen medium.

OF THE SPECIMENS studied, 726 were Capilia positive and 718 (99%) of 726 Capilia positives were confirmed to be *Mycobacterium tuberculosis (MTB)* using conventional method of identification. From the 74 Capilia negative results, 72 (97%) were identified as MOTT and 2 (3%) as *MTB*.

MGIT CULTURE combined with Capilia TB for species identification reduced turn-around time from 12-16 weeks by conventional methods to 1- 4 weeks. When DST was done on MGIT, total diagnostic turn around time was reduced from 16-20 to 3-6 weeks diminishing diagnostic delays in the management of MDR-TB patients, allowing prompt treatment and enabling the MDR-TB program to treat more patients.

THE LAB is now doing DST on MGIT using the first line drugs drugs isoniazid, rifampicin, ethambutol and streptomycin including PZA. Results are released within one month, proving that MGIT enables rapid detection of MDR-TB ensuring early treatment.

Capilla	Biochemical Test		Total
	M. tb	MOTT	
Positive	717	5	722
Weakly positive	1	3	4
Negative	2	72	74
Total	720	80	800

Sensitivity = 99%, *Specificity*90%, Positive predictive value = 99%, Negative predictive value = 97%

Centers for Disease Control and Prevention, US Public Health Service Cooperative Agreement

"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)".

THROUGH THIS Cooperative Agreement, a number of the staff of the TDF DOTS Clinic have been trained in various courses here and abroad and these courses have been echoed in trainings for staff.

INFECTION CONTROL TRAINING Courses which deals with administrative controls, engineering controls, and personal protection designed for health care workers including clinic physicians, nurses, and laboratory technologists and Aids. have been undertaken at the Clinic/Laboratory of the TDF and at the Quezon Institute satellite DOTS-Plus treatment center and in the "Bahay". Fit testing of N95 respirators for laboratory and clinic staff have been conducted every six months .

DATA MANAGEMENT, including the Electronic TB Registry (ETR) of DOTS and the electronic Medical Record (EMR) for DOTS-Plus, have been pursued through the Cooperative Agreement with technical assistance from the Partners in Health (PIH) led by Dr. Hamish Fraser and his team, Darius Jazayeri, computer scientist, and Sharon Choi, trainer. The EMR is now operational with the clinic, the laboratory, and the pharmacy staff entering simultaneously data not only on DOTS-Plus but on all TB patients.

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

THE CDC, in collaboration with WHO and other partners involved in MDR-TB programs, is conducting the Preserving Effective Tuberculosis Treatment Study (PETTS) to determine the frequency of, risk factors for, and outcomes of patients with resistance to SLDs acquired during treatment of MDR-TB. The study

involves enrollment and follow-up of MDRTB patients who are treated with SLDs. Baseline and follow-up isolates of *M. tuberculosis* cultured from their sputum are shipped to the CDC Mycobacteriology Laboratory for centralized susceptibility testing and genotyping.

TDF IS ONE of the nine study sites of PETTS. The TDF PETTS team, headed by Dr. Thelma Tupasi, is composed of clinic, laboratory, and data management staff of PMDT. The team started enrolling patients in March 2005. The target sample size for TDF is 222 patients with baseline and follow-up isolates. This sample size will enable TDF to determine its own site-specific amplification of resistance to the SLDs. Standardized data and isolates from eligible patients enrolled at the PMTM clinics are collected on a monthly basis and encoded into the PETTS database This database is forwarded periodically to the Global PETTS Coordinating Center at CDC to be merged with analogous data from eight other countries for analysis. Baseline and follow-up isolates are sent to CDC for genotyping and drug susceptibility testing. Enrollment will end in 2008 and follow-up will continue until the all patients have reached an outcome. The other PETTS sites are located in Estonia, Latvia, Peru, Russia, South Africa, South Korea, Taiwan and Thailand. The study is funded by USAID and CDC.

TDF HAS HOUSED the Coordinator for Asia, Dr. Janice Campos-Caoili, as part of the PETTS Global Coordinating Center. The site is complying with the study protocol. TDF has reiterated its intention to continue enrolling patients for the PETTS study to complete the target sample size. The PETTS Global coordinating center will continue to provide technical assistance and budgetary support to enable TDF to enroll patients for the study.

PETTS ACTIVITIES

- 181 MDR TB patients on SLD were enrolled.
  Of this 90 patients (41% of target sample size) have baseline and follow-up isolates.
- 312 isolates were shipped to CDC for DST and genotyping.
- Study coordinators attended the 2006 Annual PETTS investigators meeting held during the IUATLD conference at Paris, France.
- Study team participated in the PETTS Database and Epi Info training conducted by Dr. Julia Ershova from U.S. CDC
- Focal persons were identified for MMC, KASAKA and LCP. These TDF staff were actively involved in identifying patients eligible for PETTS and ensured that enrolled patients are followed up
- Study team met regularly to monitor the progress of the study, resolve issues that arose during study implementation and finalize data for encoding in the TDF PETTS database.
- Study team participated in conference calls with the CDC Global Coordinating Center and in the annual meetings together with the teams from other PETTS sites.

Clinical Trial DMID Protocol Number 01-009 Version 1.3

A 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)

Enrollment status

DUE TO the termination of the study on 29 August 2006, recruitment to study and enrollment of patients has been stopped. Table below summarizes the patients' sputum collection/follow-up status/updates as of June 6, 2007:

Equipment Issues

NO REAGENT STOCK-OUTS occurred. However, due to termination of study, some of the supplies were not utilized fully due to expiration such as 12B BACTEC medium, pregnancy kits and INH test strips.

EFFECTIVE JULY 1, 2007, the culture of the patients enrolled and completing the study will be done using the MGIT machine. The BACTEC 460 machines which were loaned form the BD Philippines will be returned.

Work Plan

1. Continue with the comparison of the use of the Ogawa medium as a simple procedure and LJ medium using centrifugation technique.
2. Continue with the implementation of the MGIT demonstration project and the rapid identification of TB using Capilia Reagents.

Other laboratory activities

THE TDF LABORATORY has been participating in two QA activities - DST proficiency testing and sputum microscopy. On April 12, 2007, the TDF laboratory received 30 M. tuberculosis (MTB) isolates from the Korean Institute of Tuberculosis, its supranational reference

Total Patients Enrolled: 108											
Number of Smear Positive (+) 35						Number of Smear Negative (-) 73					
Finished	Unfinished (No. of Months Completed)					Finished	Unfinished (No. of Months Completed)				
17	3	1	1	8	5	17	10	1	8	15	22
	6	15	18	24	30		6	15	18	24	30

laboratory, for the 12th round of drug susceptibility proficiency testing. The testing is on-going and we will be sending our official result on the 2nd week of July this year.

FORTY-FOUR randomly selected AFB smears that have been read for each quarter for the three quarters of 2006 have been sent to the Bangkok National TB Reference Laboratory Center for blinded rereading and are still awaiting results

- Monthly AFB positivity rates ranged from 15.22% - 30.56 % for new cases between July to October 2006 and 58.15% - 76.40% for chronic cases from July to December 2006.
- The culture positivity rate on solid (LJ) medium among smear positives from pretreatment specimens ranged from 57% – 75% for new cases between July to October 2006 and 54.78-78.01% for chronic cases from July to December 2006.
- The average monthly culture contamination rate was 3.82 for the year 2006 %.

TDF Laboratory role in the Laboratory strengthening in support of the Programmatic MDR-TB Management (PMTM)

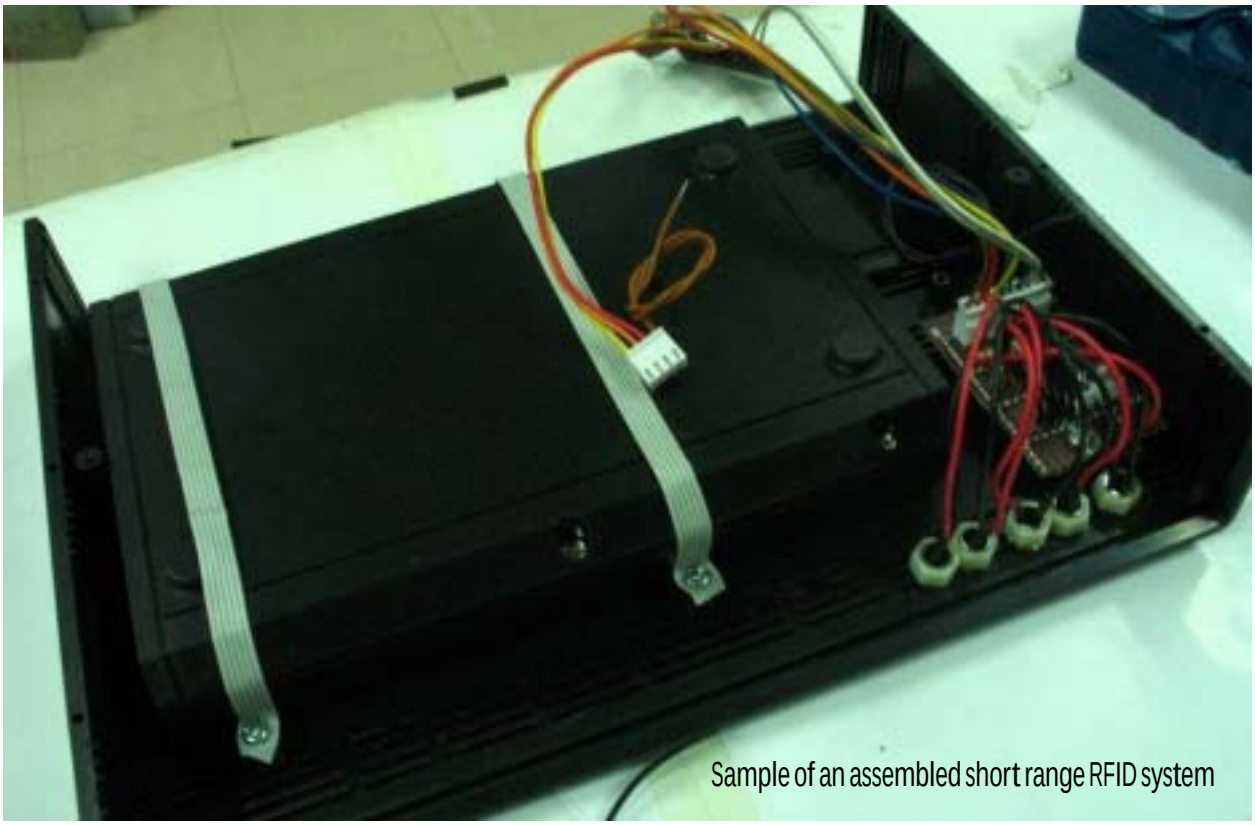
THE TDF LABORATORY has also been actively engaged in the expansion of culture and DST services for the Programmatic MDR-TB Management (PMTM), since the start of the Round 5 Grant of the Global Fund to Fight Against AIDS, TB, and Malaria. Being the only laboratory quality-assured in DST by a supranational reference laboratory, it has become the central DST referral unit.

ADDITIONAL CULTURE laboratories are being engaged for the expansion of laboratory services. The TDF laboratory has conducted site assessments needs, recommendations in terms of logistical issues, staff training on basic Mycobacteriology laboratory services, and infection culture training. It is also doing interim supervision in the capacity building of culture laboratories, such as the Lung Center of the Philippines and Quezon Institute, aside from helping the National Reference Laboratory in conducting regular monitoring of culture laboratories.

Being the only laboratory quality-assured in DST by a supranational reference laboratory, the TDF Laboratory has become the central DST referral unit

An Evaluation of the Cost-Effectiveness of using an Automated RFID Drug Inventory System for Rural Health Units

MAINTAINING accurate drug inventories is essential to providing good quality of care and to saving precious funds. The World Lung



Sample of an assembled short range RFID system

Foundation grant to the Tropical Disease Foundation supports an innovative system to ensure the right amount of drugs get to the right place at the right time. Through a grant from the World Lung Foundation undergraduate students from the Ateneo University undertook the development of a Radio Frequency Identification (RFID), an automated radio-based drug inventory system in the rural Philippines. The innovative system aims to improve the drug supply chain so that more individuals can benefit from a reliable supply of drugs.

IN SEPTEMBER 25, 2006, the Tropical Disease Foundation and Ateneo de Manila University entered into an agreement to undertake a project aimed at evaluating the cost-effectiveness of RFID-based automated drug inventory system in selected rural and urban health units in the National Capital Region, Philippines through an experimental study. With funding support from the World Lung Foundation, the project started in December 2006.

RFID or Radio Frequency Identification is a method of remotely storing and retrieving data using devices called RFID tags. Barely a year into the project implementation, a couple of awards has already been received by the implementers. In June 2007, it was recognized as one of the winners in the research poster contest during the Health Research for Action National Forum, held at Diamond Hotel, Roxas Boulevard, Manila. Part of the project design is the concept of making an RFID device that is capable of sending its recorded RFID tags information through text messages (SMS technology). In February 2008, the concept was recognized as one of the most commercializable project for the Microcontroller Applications Design Contest (MADC) Open Design Category.

PRELIMINARY REPORTS received from the implementers revealed that implementation of an automated RFID drug inventory system in public health warehouses is potentially cost-beneficial and that the system can provide the highest net social benefit as compared to a manual system. So far, the implementers have accomplished the physical installation and testing of long-range RFID system, the integration and testing of database server with RFID software, the tagging of 240 TB kits, and the production of a manual (in the form of a slideshow) to be used for the training of workers who will be involved in the project. Further studies and evaluation are yet to be done before it gets implemented in the other levels of the public health system.

IN THE PHILIPPINES, most drug inventory systems are done manually. Errors occur, and as a result, local health facilities are often over or under-stocked. If there are too many drugs in a given site, then some may expire before they are distributed, wasting money and drugs. If there are too few drugs, then patients may not have access to the drugs they need. Frequent drug shortages may also discourage patients from returning to health care centers, as they do not trust that centers can meet their health needs.

THE TROPICAL DISEASE FOUNDATION radio-based drug inventory system is intended to streamline drug stocking by simplifying ordering, delivering, and warehousing of products, making it easier to track their location. The system decreases the number of wrong deliveries and lowers the risk of theft.

EVIDENCE FROM THROUGHOUT THE WORLD suggests that an automated system such as this one better serves patients and decreases costs. However, government hospitals and health care offices in the Philippines are not equipped with the required technology. The World Lung Foundation grant will help partners to obtain these technologies, ultimately improving supply chain performance, quality of care, and health outcomes.

Nationwide Tuberculosis Prevalence Survey

THE TROPICAL DISEASE FOUNDATION was selected to undertake the Nationwide Tuberculosis Prevalence Survey (NTPS). In addition to measuring the burden of TB disease nationwide, socioeconomic and risk factors to TB disease were included in the survey. A feasibility of incorporating the socioeconomic and risk factors for TB disease was undertaken with support from the WHO HQ.

LINKAGES with the WHO HQ staff and the Population Institute of the University of the Philippines were established to design the instrument for the interview on this aspect of the NTPS. The interview instrument was drafted by the NTPS management team led by Dr. Tupasi as Principal Investigator, Dr. Ma. Imelda Quelapio as Co-investigator, Dr. Jennifer Chua as Program Manager, and Nellie Mangubat as Data Manager with coordination with the WHO consultants at the Headquarters and at the West Pacific Regional Office. The draft instrument was first field tested in urban, other urban, and in rural communities to come up with the final instrument.

THE TRAINING COURSE for the field workers included training on the various field tests to undertake for measuring TB burden, including symptom screening, tuberculin skin test (TST),


Maraming Salamat Po!
sa inyong pagtulong
at pagsali sa
2007
NATIONWIDE
TB PREVALENCE
SURVEY
ng
Department of Health
Republic of the Philippines
tropical
disease
foundation
The Global Fund


PPD
Testing / Reading

chest x-ray interpretation, sputum collection, as well as the interview techniques, for the SES, and risk factors included in the survey instruments. The training period started in June 15, 2007, including didactics and mock interviews, and continued into the field for the field training in the study community of the Population Institute. The field survey started July 3, 2007 at the six clusters in Metro Manila. These actually served as the field test of all the procedures. The field tests in the first six clusters required extending the survey for two more weekends in the month of July. Finally, the survey teams eventually proceeded to the other clusters outside Metro Manila in July 23, 2007. As learned from the field test in the National Capital Region, the team members were increased to 12 from an original plan of only 8, and the duration of the survey per cluster was increased to 9 days from an original plan of 7 days. The field studies then were to cover a total of 50 clusters including 6 Metro Manila clusters, 18 other urban areas, and 26 rural clusters. The field work is anticipated to be completed by the first week of December.

Challenges in Diagnosis and Treatment of Malaria

IN JULY 2007, focus group discussions with resident physicians, nurses, medical technologists and pharmacists were conducted in five public hospitals in the provinces of Isabela, Sulu, and Zambales. The objective was to get information on how malaria patients are being managed at the hospital and to determine the challenges in diagnosis and treatment of malaria. Charts were reviewed to get information on how patients were managed. Key informant interviews were also conducted. A brief orientation on the current trends in the management of malaria was given after each FGD.

IN ALL HOSPITALS, uncomplicated malaria cases with P. falciparum infection are being admitted because resident physicians believe that patients' condition may progress to severe malaria. On the other hand, they claim that in some cases, patients are already severe upon consultation because of poor accessibility to the hospital. The procedure to repeat smear until no malaria parasites are seen is not being practiced at the hospitals. Most physicians claim that there is difficulty in establishing working diagnosis if a patient gets negative on first smear especially in areas where typhoid fever is prevalent. According to hospital staffs, Quinine tablets and IV as well as Artemether-Lumefantrine are not always available in the hospital. According to physicians, high turnover rate of trained doctors and availability of trained hospital medical technologist poses continuous challenge to diagnosis and treatment of malaria. Doctors suggest that treatment algorithm for hospitals need to be developed.

high turnover rate of trained doctors and availability of trained hospital medical technologist pose a continuous challenge to diagnosis and treatment of malaria

Presentations

INTERNATIONAL CONFERENCES

The Global Fund projects in the Philippines
Thelma E. Tupasi
Meeting on Innovations in Health and Development Finance
Wilton Park in Sussex, United Kingdom / 9 December 2006

The Epidemiology of Multidrug Resistant-Tuberculosis
Thelma E. Tupasi
10th Western Pacific Congress on Chemotherapy and Infectious Diseases
Fukuoka, Japan / December 6, 2006

Bednet Utilization Survey / Gains in Social Mobilization Efforts for Malaria Control
Vanessa Ulat / Lourdes Pambid
Regional Symposium on Malaria
Westin Philippine Plaza, Manila / November 28, 2006

Improved treatment adherence through community-based DOTS-Plus
Nona Rachel Mira
37th IUATLD World Conference on Lung Health
Paris, France / November 3, 2006

Proposed plan of action on MDR-TB prevention and control
Thelma E. Tupasi
37th IUATLD World Conference on Lung Health
Paris, France / November 3, 2006

Implementing Programmatic MDR-TB Management by Involving Various Partners: Experience from Manila, Philippines
Thelma E. Tupasi
37th IUATLD World Conference on Lung Health
Paris, France / November 3, 2006

Second-line Drug Management: Philippine Experience
Ma. Imelda D. Quelapio
37th IUATLD World Conference on Lung Health
Workshop: Building capacity in pharmaceutical management for TB, MDR-TB and TB/HIV
Paris, France / November 3, 2006

Presentations

Infection Control in the Laboratory
Grace Egos
Post -Graduate Course on Infection Control in Limited Resource Settings
in the 37th Union World Conference on Lung Health
Palais de Congress - Paris, France / October 31, 2006

MDRTB Management: Is XDR-TB a problem in the Philippines
Thelma E. Tupasi
XDR-TB Task Force Meeting
WHO HQ, Geneve, Suisse / October 9, 2006

Global Plan to Stop TB - the targets, the gaps, the challenge, the role of a wide variety of partners particularly private practitioners
Thelma E. Tupasi
TB Global Plan meeting (Sandoz)
Manila, Philippines / June 30, 2006

NATIONAL CONFERENCES

Waging the battle against Tuberculosis: The Strategic Plan to STOP TB in the Philippines
Thelma E. Tupasi
Mid-year Convention, Philippine Society of Microbiology and Infectious Diseases
Philippine Society for Microbiology and Infectious Disease
Cebu, Philippines / June 7, 2007

Programmatic Management of MDR TB
Ma. Imelda D. Quelapio
Mid-year Convention, Philippine Society of Microbiology and Infectious Diseases
Philippine Society for Microbiology and Infectious Disease
Cebu, Philippines / June 7, 2007

Drug Resistance: Anti-TB Drugs
Thelma E. Tupasi
Philippine Society for Microbiology and Infectious Diseases Annual Convention
Manila, Philippines / November 23, 2006

Publications

- Tupasi TE, Gupta R, Quelapio MI, Orillaza RB, Mira NR, Mangubat NV, Belen V, Arnisto N, Macalintal L, Arabit M, Lagahid JY, Espinal M, Floyd K. Feasibility and cost-effectiveness of treating multidrug-resistant tuberculosis: a cohort study in the Philippines. PLoS Med. 2006 Sep;3(9):e352.

- Tupasi TE. Foreword. Int J Antimicrob Agents. 2005;26 Suppl 1:iii. No abstract available. Nathanson E, Gupta R, Huamani P, Leimane V, Pasechnikov AD, Tupasi TE, Vink K, Jaramillo E, Espinal MA. Adverse events in the treatment of multidrug-resistant tuberculosis: results from the DOTS-Plus initiative. Int J Tuberc Lung Dis. 2004 Nov;8(11):1382-4.

- Salazar-Vergara RM, Sia IG, Tupasi TE, Alcañeses MR, Orillaza RB, Co V, Quelapio MI, Beltran G, Legaspi JD, Rostrata MP, Tecson ME, Corpuz ML. Tuberculosis infection and disease in children living in households of Filipino patients with tuberculosis: a preliminary report. Int J Tuberc Lung Dis. 2003 Dec;7(12 Suppl 3):S494-500.

- Tupasi TE, Quelapio MI, Orillaza RB, Alcantara C, Mira NR, Abeleda MR, Belen VT, Arnisto NM, Rivera AB, Grimaldo ER, Derilo JO, Dimarucut W, Arabit M, Urboda D. DOTS-Plus for multidrug-resistant tuberculosis in the Philippines: global assistance urgently needed. Tuberculosis (Edinb). 2003;83(1-3):52-8.

- Tupasi TE, Co VM, Clarin MS, Alesna ET, Divinagracia EM, Mangubat NV. Randomized, double-blind, placebo-controlled trial of oromucosal low-dose interferon following prednisone withdrawal for chronic hepatitis B infection in Filipino patients. Int J Infect Dis. 2002 Mar;6(1):37-41.

- Santos-Ocampo AS, Tupasi TE, Villanueva F, Roxas FK, Ramos CP. Mycobacterium tuberculosis infection of a tophaceous pseudogout nodule. J Rheumatol. 2002 May;29(5):1093-6.

- Grimaldo ER, Tupasi TE, Rivera AB, Quelapio MI, Cardaño RC, Derilo JO, Belen VA. Increased resistance to ciprofloxacin and ofloxacin in multidrug-resistant mycobacterium tuberculosis isolates from patients seen at a tertiary hospital in the Philippines. Int J Tuberc Lung Dis. 2001 Jun;5(6):546-50.

- Tupasi TE, Radhakrishna S, Co VM, Villa ML, Quelapio MI, Mangubat NV, Sarol JN, Rivera AB, Pascual ML, Reyes AC, Sarmiento A, Solon M, Solon FS, Burton L, Mantala MJ. Bacillary disease and health seeking behavior among Filipinos with symptoms of tuberculosis: implications for control. Int J Tuberc Lung Dis. 2000 Dec;4(12):1126-32.

- Tupasi TE. The power of knowledge to effect change: the 1997 Philippines nationwide tuberculosis prevalence survey. Int J Tuberc Lung Dis. 2000 Oct;4(10):990.

- Tupasi TE, Radhakrishna S, Pascual ML, Quelapio MI, Villa ML, Co VM, Sarol J, Mangubat N, Reyes AC, Sarmiento A, Solon M, Solon F, Burton L, Lofranco VS, Rostrata MP, Mantala MJ. BCG coverage and the annual risk of tuberculosis infection over a 14-year period in the Philippines assessed from the Nationwide Prevalence Surveys. Int J Tuberc Lung Dis. 2000 Mar;4(3):216-22.

- Quelapio ID, Villa L, Clarin SM, Bacosa M, Tupasi TE. Seroepidemiology of Hantavirus in the Philippines. Int J Infect Dis. 2000;4(2):104-7.

- Tupasi TE, Radhakrishna S, Quelapio MI, Villa ML, Pascual ML, Rivera AB, Sarmiento A, Co VM, Sarol JN, Beltran G, Legaspi JD, Mangubat NV, Reyes AC, Solon M, Solon FS, Burton L, Mantala MJ. Tuberculosis in the urban poor settlements in the Philippines. Int J Tuberc Lung Dis. 2000 Jan;4(1):4-11.

- Tupasi TE. Quinolone use in the developing world: state of the art. Drugs. 1999;58 Suppl 2:55-9. Review.

- Rivera AB, Tupasi TE, Balagtas ED, Cardano RC, Baello BQ, Quelapio ID, Villa LA, Pascual LG, Co VM, Mantala MJ. Drug-resistant tuberculosis in the Philippines. Int J Tuberc Lung Dis. 1999 Jul;3(7):639. No abstract available.

- Tupasi TE, Radhakrishna S, Rivera AB, Pascual ML, Quelapio MI, Co VM, Villa ML, Beltran G, Legaspi JD, Mangubat NV, Sarol JN Jr, Reyes AC, Sarmiento A, Solon M, Solon FS, Mantala MJ. The 1997 Nationwide Tuberculosis Prevalence Survey in the Philippines. Int J Tuberc Lung Dis. 1999 Jun;3(6):471-7.

- Rivera AB, Tupasi TE, Grimaldo ER, Cardano RC, Co VM. Rapid and improved recovery rate of Mycobacterium tuberculosis in Mycobacteria Growth Indicator Tube combined with solid Löwenstein Jensen medium. Int J Tuberc Lung Dis. 1997 Oct;1(5):454-9.

Abstracts

37th Union World Lung Conference for Lung Health
Palais des Congres, Paris, France / 31 Oct.-4 Nov. 2006
Published in the International Journal of TB & Lung Disease

- Auer, C, Lagahid, J, Roa, C, Ang, C, Van Deun, A, Weiss, MG and Tanner, M, **"TB treatment under various forms of DOT: does it matter in terms of sputum conversion and treatment outcome?,"** *The International Journal of Tuberculosis and Lung Disease*, Vol. 10, No. 11, (November) 2006, Supplement 1: S181.

- Auer, C, Tanner, M, Sarol, S Jr and Weiss, MG, **"TB illness experience from patient, community and provider perspectives in Manila, Philippines,"** *The International Journal of Tuberculosis and Lung Disease*, Vol. 10, No. 11, (November) 2006, Supplement 1: S146.

- Concepcion, AAL, Maramba, EK, Quelapio, MID, Gler, MT, Macalintal, LE, Orillaza, RB, Raymond, LO and Tupasi, TE, **"Internal consilium: a standardised approach for MDR-TB management,"** *The International Journal of Tuberculosis and Lung Disease*, Vol. 10, No. 11, (November) 2006, Supplement 1: S126.

- Concepcion, AAL, Quelapio, MID, Maramba, EK, Gler, MT, Macalintal, LE, Orillaza, RB, Raymond, LO and Tupasi, TE, **"Case management discussions in an internal consilium,"** *The International Journal of Tuberculosis and Lung Disease*, Vol. 10, No. 11, (November) 2006, Supplement 1: S125.

- Gler, MTG, Maramba, EKS, Quelapio, MID, Johnson, J, Boom, H and Tupasi, TE, **"Prediction model of bacillary disease among smear-negative PTB cases in a high TB, low HIV prevalence country,"** *The International Journal of Tuberculosis and Lung Disease*, Vol. 10, No. 11, (November) 2006, Supplement 1: S253.

- Mira, NRC, Quelapio, MID, Orillaza, RB, Macalintal, LE, Belen, VA, de las Alas, MG, Nery, JAB, Mangubat, NV and Tupasi, TE, **"Improved treatment adherence through community-based DOTS-Plus,"** *The International Journal of Tuberculosis and Lung Disease*, Vol. 10, No. 11, (November) 2006, Supplement 1: S207.

- Mira, NR, Quelapio, MI, Tupasi, TE, Vianzon, RG, Lofranco, V, Lagahid, JY and Auer, C, **"Implementing programmatic MDR-TB management by involving various partners: experiences from Manila, Philippines,"** *The International Journal of Tuberculosis and Lung Disease*, Vol. 10, No. 11, (November) 2006, Supplement 1: S4.

- Mosqueda, PM, Alcaneses, MRA and Tupasi, TE, **"A three-year follow-up of TB infection and disease in pediatric household contacts of smear-positive PTB,"** *The International Journal of Tuberculosis and Lung Disease*, Vol. 10, No. 11, (November) 2006, Supplement 1: S73.

- Orillaza, RO, Guilatco, RS, Munez, NY, Galipot, MV, Quelapio, MID and Tupasi, TE, **"Risk factors for default in MDR-TB patients at the MMC DOTS Clinic, Philippines,"** *The International Journal of Tuberculosis and Lung Disease*, Vol. 10, No. 11, (November) 2006, Supplement 1: S153.

- Quelapio, MID, Orillaza, RB, Gler, MT, Galipot, MC, Macalintal, L, Raymond, L, Maramba, T, Mira, NR, Belen, VB, Mangubat, NV and Tupasi, TE, "**MDRTB patient types in a private – public mix DOTS unit,"** *The International Journal of Tuberculosis and Lung Disease*, Vol. 10, No. 11, (November) 2006, Supplement 1: S100.

- Zabat GMA, Caoili JC, Anduyon A, etal. **Design and implementation of an HIV/AIDS electronic medical record system (HIV/AIDS EMR) in the Philippines** (a poster presentation). *American Medical Informatics Association.* Chicago, 2007.

- Zabat GMA, Caoili JC, Anduyon A etal. **Design and implementation of an HIV/AIDS electronic medical record system (HIV/AIDS EMR) in the Philippines** (a cd-rom abstract). *International AIDS Society*. Australia, 2007.

- Fraser, H, Choi, SC, Galipot, M, Jazayeri, D, Mangubat N. **Successful transfer of a Web-based TB medical record from Peru to the Philippines**. *Tropical Disease Foundation, Manila, the Philippines, Partners In Health, Boston, USA, Division of Social Medicine and Health Inequalities, Brigham and Women's Hospital, Boston, USA*

BBC TRAINING
Participants in the training demonstrate their eagerness to learn

Training Programs

Providing the opportunity to enhance human resource capability

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 infectious diseases. There are two programs that 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 provides for health personnel outside the organization. The latter includes fellowship training in infectious diseases and training for health workers in the implementation of the DOTS-Plus programs.

Intramural Training Program

The intramural training program participants are shown in Table 1, which includes all national and international training programs undertaken from 2006-2007 to enhance laboratory and program implementation of the projects it undertakes in research and service on TB, malaria, and HIV/AIDS.

The Extramural Training Program

The extramural training program is shown in Table 2, which includes all national and international training programs led by TDF staff and undertaken from 2006-2007.

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 3).

Table 1. **Intramural Training Program 2006-2007 for TDF Staff**

Participants	Course title / Date / Venue
Rowena S. Africa, Rhandy Rowan	Employee Benefit Seminar on Philippine Accounting Standard (PAS19) July 25, 2007 / RCBC Plaza, Makati City
Rhandy Rowan	Advance Retirement Benefits Seminar July 25, 2007 / Insurance Institute for Asia and the Pacific, Makati City
Ma. Tarcela Gler, MD	Training on Clinical Management of HIV/AIDS Core Teams (HACTs) July 24-26, 2007
Rhandy Rowan	Comprehensive Tax Seminar July 20, 2007 / Rufino Plaza, Makati City
Ma. Imelda D. Quelapio, MD	International Course on the Management of Managers for TB Control July 16 to 27, 2007 / Makati City
Rowena S. Africa	85th Managers Course July 14 to December 1, 2007 / UP-ISSI, Diliman, Quezon City
Albert Angelo L. Concepcion	HIV/AIDS Basic Program Management Training July 12 – 13, 2007 / Makati City
Hilario Umali , Marilou Ortiz, Katrina Gonzales, Richard Vito	ACCPAC Inventory System (PO, Lot Tracking and Inventory Module) May 7, 2007 / Montepino Building, Makati City
Ma. Tarcela S. Gler, MD, Tracy Dalton	Audit of PETTS Study May 5-21, 2007 / Durban andPort Elizabeth, South Africa
Hilario Umali, Marilou Ortiz	CHOWS Training (HIV/AIDS Component) May 1, 2007 / Tiara Oriental Hotel, Makati City
Dominador Cabugayan, Vina Vanessa Ulat, Gloria Navarro, May Langbayan	Malaria Management for Field Operations April 23 – May 10, 2007 / Manila and Palawan
Luz R. Escubil, MD	Wrap-Up Meeting April 2007
Lourdes L. Pambid	First Technical Expert Group Meeting on Insecticide-Treated Nets March 22-23, 2007 / Geneva, Switzerland
TDF HIV Staff	Drug Management (Mr. William Mfuko) March 8 and 13-15, 2007 / Makati City
Thelma E .Tupasi, MD, Ma. Imelda D. Quelapio, MD, Ruth Orillaza, MD, Albert Angelo L. Concepcion, Nona Mira, Virgil Belen, Nerizza Munez	Policy Development and Laboratory Strengthening February 19 to March 2, 2007 / Manila
PMDT and TDF Laboratory Staff	Infection Control Training: HIV/AIDS Prevention in the Health Care Setting January 31, 2007 / Tropical Disease Foundation, Makati City
Norma G. Miranda, Jennifer Chua, MD	International Course On Management, Finance and Logistics February 5 to 17, 2007 / Jaipur, India

Thelma E .Tupasi, MD, Ma. Imelda D. Quelapio, MD, Ruth Orillaza, MD, Albert Angelo L. Concepcion, Nona Mira, Virgil Belen , Nerizza Munez	Programmatic Recording and Reporting in MDR-TB February 5 to 9, 2007 / Makati City
Ma. Tarcela Gler, MD, Nellie Mangubat, Ruffy Guilatco, Janice Campos-Caoili, MD, Therese Chongko	PETTS Database Training December 11-12, 2006 / Medical Plaza Building, Makati City
Ma. Tarcela Gler, MD, Nellie Mangubat, Ruffy Guilatco, Maricar Galipot, Genesis Ramos, Paul Sombrero, Freddy Romano, Janice Campos-Caoili, MD, Therese Chongko	Training on Basic EPI Info Dec 4-8, 2006 / Medical Plaza Building, Makati City
May Langbayan, Carol Bautista, Romuel Flores, Adrian Badiable, Gloria Rebecca Navarro, Wilson Suiza, Dominador Cabugayan, Severino Joson, Flor Bamba, Marisol Toso, Flodeliza Basiag	Regional Malaria Symposium: Stratagems Against Malaria November 28-30, 2006 / Philippine International Convention Center Manila, Philippines
Norma G. Miranda, Gemma Buhay	International Course On Human Resources Development and Management November 3-26, 2006 / Bangkok, Thailand
TDF Staff	IUATLD Conference November 2006 / Paris, France
Ma. Imelda D. Quelapio, MD	International Course on Budget Management and Financial Reporting for TB Control / September 5-6, 2006 / Bangkok, Thailand
Vina Vanessa Ulat, Lourdes L. Pambid, Luz R. Escubil, MD, Rowena S. Africa, Rhandy Rowan, Hilario Umali	Workload Analysis Workshop August 29, 2006 / Roof Deck Function Room, Medical Plaza Building, Makati
Ma. Imelda D. Quelapio, MD, Ruth Orillaza, MD, Albert Angelo L. Concepcion , Nona Mira, Virgil Belen, Nerizza Munez, Thelma E .Tupasi, MD	Development of Training Modules for Programmatic MDR-TB Management August 1-9, 2006 / Makati City

Table 2. **Extramural Training Program for TDF Staff in 2006-2007**

Faculty/Consultant	Course title / Date / Venue
Nona Mira	PMDT Training for Treatment Sites July 17-19, 2007 / Center for Health Development, Mandaluyong City and Wyeth Suaco, Makati City
Nona Mira	PMDT Training for Health Workers as Community Treatment Partners July 1, 2007 / Center for Health Development, Mandaluyong City
Thelma E. Tupasi, MD, Ma. Imelda D. Quelapio, MD, Jennifer Chua, MD , Nellie Mangubat, Nona Mira, Virgil Belen, Grace Cruz, Vivian Lofranco, Maria Paz Rostrata	Training for Field Survey, 2007 National TB Prevalence Survey June 18-26, 2007 / Makati City
Thelma Tupasi, MD, Ma. Imelda D. Quelapio, MD, Ruth Orillaza, MD, Albert Angelo L. Concepcion, Nona Mira, Nerizza Munez, Grace Egos	Training of Trainers, Programmatic MDR-TB Management Mainstreaming MDR-TB Management into the National TB Program June 4-9, 2007 / Makati City
Nona Mira	PMDT Training for Treatment Site Staff May 29-31, 2007 / Center for Health Development, Mandaluyong City

Ma. Imelda D. Quelapio, MD	To assess the Green Light Committee approved MDR-TB implementation to assist the Ministry of Health, Mongolia in its application to the Global Fund to Fight AIDS, TB, and Malaria (Rolling Continuation Channel) for PMDT April 25 to May 13, 2007 / WHO Office, Ulaanbaatar, Mongolia
Nona Mira	PMDT Training for Treatment Site Staff March 28-30, 2007 / Wyeth Swaco, Makati City
TDF-PMDT	DOTS and PMDT Orientation for Patients March 14, 2007 / Wyeth Suaco, Makati City
Thelma E. Tupasi, Ma. Imelda D. Quelapio, Ruth Orillaza, Nona Mira, Albert Angelo L. Concepcion, Nerissa Munez, Virgil Belen, Grace Ego	Training on Programatic Ambulatory MDR-TB Management March 2007 / Tropical Disease Foundation, Makati City
Nona Mira	PMDT Training for Health Workers as Community Treatment Partners February 27, 2007 / Wyeth Suaco, Makati City
Dominador Cabugayan	Quantification and Inventory in Logistics Management February 1, 2007 / Legaspi City
Nona Mira	PMDT Training for Treatment Site Staff January 24-26, 2007 / Center for Health Development, Mandaluyong City
Thelma E. Tupasi, Ma. Imelda D. Quelapio, Ruth Orillaza, Nona Mira	Orientation on Programmatic MDR-TB Management December 2006 / Tropical Disease Foundation, Makati City
Nona Mira	PMDT Training for Health Workers as Community Treatment Partners December 21, 2006 / Center for Health Development, Mandaluyong City
Lourdes L. Pambid	Bringing Malaria Diagnosis and Treatment to the Community: GF-Support Establishment of Diagnostic Centers November 28, 2006 / Philippine International Convention Center
Vina Vanessa Ulat	"Pagkukulambo" in Malaria Endemic Areas in the Philippines November 28, 2006 / Philippine International Conventional Center
Mendrexson Balatico	Communicating for Behavioral Change: Local Innovations in IEC and Social Mobilization / November 28, 2006 / Philippine International Convention Center
Nona Mira	PMDT Training for Treatment Site Staff November 11-15, 2006 / Lung Center of the Philippines, Quezon City
Ma. Imelda D. Quelapio, MD	Advanced TB Course Focusing on MDR-TB December 5-9, 2006 / Seoul, Korea
Nona Mira	PMDT Training for Health Workers as Community Treatment Partners October 10, 2006 / Makati Medical Center, Makati City
Nona Mira	PMDT Training for Treatment Site Staff September 19-20, 2006 / Makati Medical Center, Makati City
Nona Mira	PMDT Training for Health Workers as Community Treatment Partners August 29, 2006 / Makati Medical Center, Makati City
Dominador Cabugayan	Logistics Management Training for RHU pt. Person, Barangay Health Worker 2005 onwards / All project sites

Extramural Training (Table 3)
Graduates of the Fellowship Program

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. Rivera	1998-2000
Faith D. Villanueva	1999-2001
Maria Tarcela S. Gler	2002-2004
Gamaliel Garcia	2002-2004

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) and health care professionals, including physicians, nurses and midwives have been undertaken to decentralize the management of MDR-TB patients to DOTS facilities in the communities where they live.

Extramural Training: **Training Activities Conducted for Human Resource Development for MDR-TB management**

Target audience	For Community Health Volunteers	For Health Care Professionals
Description	one day, 8-hour, competency-based training program comprising of training needs assessment, using lectures, demonstrations, and return-demonstrations	a two day, 8-hours/day, competency-based training program comprising of training needs assessment, orientation, consultation, using lecture-discussions, and workshops
Requirements for certificate of completion	Attendance in the training Satisfactory rating in the post-test	Attendance in the training Satisfactory rating in the post-test
Qualification of participants	18-60 years old, physically fit, and literate Willingness to treat MDR-TB patients Residing with or within walking distance from the patients' residence and preferably not a relative of the patient with MDR TB Satisfactorily completed training requirements	Physicians and nurses Willingness to treat MDR-TB patients
Description	one day, 8-hour, competency-based training program comprising of training needs assessment, orientation, consultation using lectures, demonstrations, and return-demonstrations	a two day, 8-hours/day, competency-based training program comprising of training needs tassessment, orientation, consultation, using lecture-discussions, and workshops
Course contents	Consultation, orientation on MDR-TB, Second line drugs and adverse events, adverse drug events, and referral for management management. Direct observed treatment	Consultation, orientation on MDR-TB, Management of MDR-TBSLDs and adverse reactions. Management of adverse drug events
Expected competency Skills learned	Follow-up of patients on MDR-TB management; Direct observed treatment; Management of simple adverse events and identifying need to refer for management Tracing of treatment interrupters/defaulters	Patient management and education Supervision of community health care workers Supervision of management of MDR-TB patients. Management of adverse drug events. Recording and reporting
2005	7 sessions (221 participants)	8 sessions (191 participants)
2006-2007	11 sessions (300 participants)	9 sessions (157 participants)

Tropical Disease Foundation Inc.

Financial Statements

Consolidated Statement
of Cash Receipts and Disbursenments
of TDF as Principal Recipient of
Global Fund - Supported Programs

and

Consolidated Statement
of Cash Receipts and Disbursenments
of the General Fund

with accompanying
Notes to Financial Statements

For the year ended
July 31, 2007 and 2006

SGV & Co

SyCip Gorres Velayo & Co.
6760 Ayala Avenue
1226 Makati City
Philippines

Phone: (632) 891-0307
Fax: (632) 819-0872
www.sgv.com.ph

BOA/PRC Reg. No. 0001
SEC Accreditation No. 0012-FR-1

INDEPENDENT AUDITORS' REPORT

The Board of Trustees
Tropical Disease Foundation, Inc.
(Principal Recipient of Global Fund - Supported Programs)

We have audited the accompanying consolidated statement of cash receipts and disbursements in US Dollar of Tropical Disease Foundation, Inc. (Principal Recipient of Global Fund - Supported Programs) for the year ended July 31, 2007 and 2006. This statement is the responsibility of the Principal Recipient's management. Our responsibility is to express an opinion on the statement based on our audit. The statement for the year ended July 31, 2005 were audited by other auditors whose report thereon, dated May 15, 2006, expressed an unqualified opinion on those statements.

Except as discussed in the fourth paragraph, we conducted our audits in accordance with Philippine Standards on Auditing. 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 audit provides a reasonable basis for our opinion.

As described in Note 2 to the statements of cash receipts and disbursements, the statements of cash receipts and disbursements were prepared on the basis of cash received and disbursement made, which is a comprehensive basis of accounting other than the accounting principles generally accepted in the Philippines.

We were not able to perform audit procedures for the statements of cash receipts and disbursements of certain implementers as of July 31, 2007. The total receipts and disbursements based on the records of these implementers amounted to $67,733 and $61,298, respectively. We were unable to satisfy ourselves as to the reasonableness of these amounts by other audit procedures.

In our opinion, except for the effects of such adjustments, if any, as might have been determined to be necessary had we been able to satisfy ourselves as to reasonableness of the amounts of the total receipts and disbursements of the unaudited implementers, the accompanying statements referred to above present fairly, in all material respects, the cash receipts and disbursements of the program for the years ended July 31, 2007 and 2006 on the basis of accounting described in Note 2 to the statement of cash receipts and disbursements.

Our audit was made for the purpose of forming an opinion on the statements of cash receipts and disbursements for the years ended July 31, 2007 and 2006. The supplementary schedules of cash receipts and disbursements of HIV/AIDS Rounds 3 and 5, Tuberculosis Rounds 2 and 5, and Malaria Round 2 for the years ended July 31, 2007 and 2006 is presented for purposes of additional analysis and is not a required part of the statement of cash receipts and disbursements and, in our opinion, is fairly stated in all material respects in relation to the statement of cash receipts and disbursements taken as a whole.

This report is intended solely for the information and use of the Global Fund to Fight AIDS, Tuberculosis and Malaria as funding agency of the Tropical Disease Foundation, Inc. (Principal Recipient of Global Fund - Supported Programs) and for submission to this funding agency and should not be used for any other purpose.

SYCIP GORRES VELAYO & CO.

Jose Pepito E. Zabat

Jose Pepito E. Zabat III
Partner
CPA Certificate No. 85501
SEC Accreditation No. 0328-A
Tax Identification No. 102-100-830
PTR No. 0015800, January 3, 2008, Makati City

March 28, 2008

TROPICAL DISEASE FOUNDATION, INC.
(PRINCIPAL RECIPIENT OF GLOBAL FUND - SUPPORTED PROGRAMS)
CONSOLIDATED STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS
FOR THE YEAR ENDED JULY 31, 2007 AND 2006
(In US Dollars)

	HIV/AIDS		Tuberculosis		Malaria
	Round 3 2005 to 2007	Round 5 2007	Round 2 2004 to 2007	Round 5 2007	Round 2 2004 to 2007
RECEIPTS (Notes 2 and 3)					
Funds received from Global Fund	$4,409,920	$1,079,858	$10,136,712	$6,226,594	$11,616,569
Interest income	6,081	18,621	32,031	40,771	30,858
Others	100	–	1,554	8,473	328,510
	4,416,101	1,098,479	10,170,297	6,275,838	11,975,937
DISBURSEMENTS (Notes 2 and 3)					
Human resources	1,050,227	210,127	1,212,088	310,198	2,182,737
Drugs	417,279	184,664	1,114,650	265,550	244,655
Administrative costs	299,300	105,841	911,928	536,942	794,366
Cost of installation	–	–	842,379	–	–
Training and planning	1,082,877	158,697	732,809	216,047	1,427,507
Program management and administration	225,848	138,511	725,633	465,363	887,978
Social marketing and advocacy	–	–	410,485	–	–
Procurement for DOH drugs	–	–	390,988	–	–
IEC materials	–	–	265,803	–	–
Monitoring and evaluation	240,253	–	259,600	88,730	513,110
Screening (Laboratory test)	–	–	237,086	–	–
Infrastructure and equipment	227,485	88,868	235,433	369,004	559,184
Planned training course and seminar	–	–	234,874	244,767	–
Cohort expansion	–	–	209,480	–	–
Procurement for NTPS project	–	–	200,000	–	–
Enablers	–	–	196,262	–	–
Updates, workshops and technical supports	–	–	172,794	–	–
Bacteriologic monitoring	–	–	126,744	–	–
Community empowerment	–	–	89,525	–	–
Household contacts tracing	–	–	21,419	–	–
Infection control upgrading	–	–	5,414	–	–
Networking activities	–	–	1,799	–	–
Surveillance and proficiency testing	–	–	1,634	–	–
Proficiency testing	–	–	1,071	–	–
Commodities and products	311,559	63,450	–	158,217	3,501,176
Others	–	–	–	–	39,597
	3,854,828	950,158	8,599,898	2,654,818	10,150,310
EXCESS OF RECEIPTS OVER DISBURSEMENTS	$561,273	$148,321	$1,570,399	$3,621,020	$1,825,627

See accompanying Notes to Statement of Cash Receipts and Disbursements.

TROPICAL DISEASE FOUNDATION, INC.
(PRINCIPAL RECIPIENT OF GLOBAL FUND - SUPPORTED PROGRAMS)
SCHEDULES OF CASH RECEIPTS AND DISBURSEMENTS FOR HIV/AIDS ROUNDS 3 AND 5
FOR THE YEARS ENDED JULY 31, 2007 AND 2006
(WITH COMPARATIVE FIGURES FOR 2005 AND 2004)
(In US Dollars)

	Round 3					Round 5
	2007	2006	2005	2004	**Total**	**2007**
RECEIPTS (Notes 2 and 3)						
Funds received from Global Fund	**$913,103**	$1,225,802	**$764,973**	$1,506,042	**$4,409,920**	**$1,079,858**
Interest income	**2,628**	2,680	773	–	**6,081**	**18,621**
Others	**100**	–	–	–	**100**	–
	915,831	1,228,482	765,746	1,506,042	**4,416,101**	**1,098,479**
DISBURSEMENTS (Notes 2 and 3)						
Human resources	**199,887**	489,668	360,672	–	**1,050,227**	**210,127**
Drugs	**130,791**	86,898	199,590	–	**417,279**	**184,664**
Administrative costs	**66,029**	136,566	96,705	–	**299,300**	**105,841**
Training and planning	**135,484**	614,544	332,849	–	**1,082,877**	**158,697**
Program management and administration	**85,954**	67,137	72,741	16	**225,848**	**138,511**
Monitoring and evaluation	**11,906**	154,426	73,921	–	**240,253**	–
Infrastructure and equipment	**101,894**	53,168	72,423	–	**227,485**	**88,868**
Commodities and products	**96,890**	103,066	111,603	–	**311,559**	**63,450**
	828,835	1,705,473	1,320,504	16	**3,854,828**	**950,158**
EXCESS (DEFICIENCY) OF RECEIPTS OVER DISBURSEMENTS	**$86,996**	($476,991)	($554,758)	$1,506,026	**$561,273**	**$148,321**

TROPICAL DISEASE FOUNDATION, INC.
(PRINCIPAL RECIPIENT OF GLOBAL FUND - SUPPORTED PROGRAMS)
SCHEDULES OF CASH RECEIPTS AND DISBURSEMENTS FOR TUBERCULOSIS ROUNDS 2 AND 5
FOR THE YEARS ENDED JULY 31, 2007 AND 2006
(WITH COMPARATIVE FIGURES FOR 2005 AND 2004)
(In US Dollars)

	Round 2					Round 5
	2007	2006	2005	2004	Total	2007
RECEIPTS (Notes 2 and 3)						
Funds received from Global Fund	$3,642,844	$3,059,381	$2,101,589	$1,332,898	$10,136,712	$6,226,594
Interest income	24,341	3,321	2,836	1,533	32,031	40,771
Others	990	564	–	–	1,554	8,473
	3,668,175	3,063,266	2,104,425	1,334,431	10,170,297	6,275,838
DISBURSEMENTS (Notes 2 and 3)						
Human resources	401,114	342,764	376,879	91,331	1,212,088	310,198
Drugs	176,710	290,117	270,287	377,536	1,114,650	265,550
Administrative costs	336,085	291,365	235,205	49,273	911,928	536,942
Cost of installation	11,545	557,076	196,935	76,823	842,379	–
Training and planning	409,106	122,453	151,825	49,425	732,809	216,047
Program management and administration	121,007	337,172	146,432	121,022	725,633	465,363
Social marketing and advocacy	37,354	61,135	298,143	13,853	410,485	–
Procurement for DOH drugs	390,988	–	–	–	390,988	–
IEC materials	153,493	33,482	48,125	30,703	265,803	–
Monitoring and evaluation	95,678	128,466	25,352	10,104	259,600	88,730
Screening (Laboratory test)	63,001	146,701	27,384	–	237,086	–
Infrastructure and equipment	8,591	68,054	108,776	50,012	235,433	369,004
Planned training course and seminar	50,791	70,133	49,611	64,339	234,874	244,767
Cohort expansion	93,963	63,905	42,451	9,161	209,480	–
Procurement for NTPS project	200,000	–	–	–	200,000	–
Enablers	68,585	68,118	49,076	10,483	196,262	–
Updates, workshops and technical supports	167,939	–	–	4,855	172,794	–
Bacteriologic monitoring	63,743	–	48,388	14,613	126,744	–
Community empowerment	89,525	–	–	–	89,525	–
Household contacts tracing	6,166	8,049	6,275	929	21,419	–
Infection control upgrading	4,413	1,001	–	–	5,414	–
Networking activities	–	–	1,252	547	1,799	–
Surveillance and proficiency testing	35	39	1,422	138	1,634	–
Proficiency testing	–	–	1,071	–	1,071	–
Commodities and products	–	–	–	–	–	158,217
	2,949,832	2,590,030	2,084,889	975,147	8,599,898	2,654,818
EXCESS OF RECEIPTS OVER DISBURSEMENTS	$718,343	$473,236	$19,536	$359,284	$1,570,399	$3,621,020

TROPICAL DISEASE FOUNDATION, INC.
(PRINCIPAL RECIPIENT OF GLOBAL FUND - SUPPORTED PROGRAMS)
SCHEDULES OF CASH RECEIPTS AND DISBURSEMENTS FOR MALARIA ROUND 2
FOR THE YEARS ENDED JULY 31, 2007 AND 2006
(WITH COMPARATIVE FIGURES FOR 2005 AND 2004)
(In US Dollars)

	Round 2				
	2007	2006	2005	2004	Total
RECEIPTS (Notes 2 and 3)					
Funds received from Global Fund	$1,815,679	$2,556,128	$2,520,750	$4,724,012	$11,616,569
Interest income	20,811	1,451	5,627	2,969	30,858
Others	235,888	92,622	–	–	328,510
	2,072,378	2,650,201	2,526,377	4,726,981	11,975,937
DISBURSEMENTS (Notes 2 and 3)					
Human resources	446,301	763,477	785,217	187,742	2,182,737
Drugs (Note 4)	(552)	12,305	102,023	130,879	244,655
Administrative costs	240,502	206,399	191,050	156,415	794,366
Training and planning	256,801	328,042	662,516	180,148	1,427,507
Program management and administration	57,931	60,000	317,409	452,638	887,978
Monitoring and evaluation	98,653	223,794	179,984	10,679	513,110
Infrastructure and equipment	–	77,380	131,766	350,038	559,184
Commodities and products (Note 4)	(160,899)	1,550,035	813,143	1,298,897	3,501,176
Others	39,597	–	–	–	39,597
	978,334	3,221,432	3,183,108	2,767,436	10,150,310
EXCESS (DEFICIENCY) OF RECEIPTS OVER DISBURSEMENTS	$1,094,044	($571,231)	($656,731)	$1,959,545	$1,825,627

SGV & Co

SyCip Gorres Velayo & Co.
6760 Ayala Avenue
1226 Makati City
Philippines

Phone: (632) 891-0307
Fax: (632) 819-0872
www.sgv.com.ph

BOA/PRC Reg. No. 0001
SEC Accreditation No. 0012-FR-1

INDEPENDENT AUDITORS' REPORT

The Board of Trustees
Tropical Disease Foundation, Inc.
138 Ground Floor Montepino Bldg.
Amorsolo St. corner Gamboa and Adelantado Sts.
Legaspi Village, Makati City

We have audited the accompanying financial statements of Tropical Disease Foundation, Inc. (a nonstock, nonprofit organization), which comprise the statements of assets, liabilities and fund balance as at July 31, 2007 and 2006, and the statements of revenues and expenses, statements of changes in fund balance and statements of cash flows for the year ended July 31, 2007 and the period January 1 to July 31, 2006, and a summary of significant accounting policies and other explanatory notes.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the Philippines. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with Philippine Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

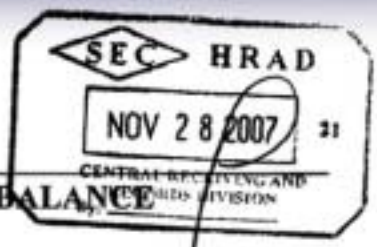
Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Tropical Disease Foundation, Inc. as of July 31, 2007 and 2006, and of its financial performance and its cash flows for the year ended July 31, 2007 and the period January 1 to July 31, 2006 in accordance with accounting principles generally accepted in the Philippines.

SYCIP GORRES VELAYO & CO.

Jose Pepito E. Zabat III
Partner
CPA Certificate No. 85501
SEC Accreditation No. 0328-A
Tax Identification No. 102-100-830
PTR No. 0267401, January 2, 2007, Makati City

November 14, 2007



TROPICAL DISEASE FOUNDATION, INC.
(A Nonstock, Nonprofit Corporation)
STATEMENTS OF ASSETS, LIABILITIES AND FUND BALANCE

	July 31	
	2007	2006
ASSETS		
Current Assets		
Cash and cash equivalents (Note 3)	₱17,069,169	₱9,698,736
Marketable equity securities	3,000	3,000
Short-term investments	3,346,468	3,799,651
Advances and other receivables (Note 4)	5,441,257	6,343,402
Other current assets (Note 5)	332,337,775	65,406,790
Total Current Assets	358,197,669	85,251,579
Noncurrent Assets		
Property and equipment - net (Note 6)	36,452,983	38,722,349
Refundable deposits (Note 10)	1,358,145	837,363
Total Noncurrent Assets	37,811,128	39,559,712
TOTAL ASSETS	₱396,008,797	₱124,811,291
LIABILITIES AND FUND BALANCE		
Current Liabilities		
Accounts payable and accrued expenses (Note 7)	₱16,121,012	₱10,483,665
Loan payable (Note 8)	2,000,000	–
Funds held in trust (Note 13)	293,761,081	48,074,080
Total Current Liabilities	311,882,093	58,557,745
Fund Balance		
Members' contributions	70,000	70,000
Accumulated excess of revenues over expenses	84,056,704	66,183,546
Total Fund Balance	84,126,704	66,253,546
TOTAL LIABILITIES AND FUND BALANCE	₱396,008,797	₱124,811,291

See accompanying Notes to Financial Statements.

TROPICAL DISEASE FOUNDATION, INC.
(A Nonstock, Nonprofit Corporation)

STATEMENTS OF REVENUES AND EXPENSES
FOR THE YEAR ENDED JULY 31, 2007
AND FOR THE PERIOD JANUARY 1 TO JULY 31, 2006*

	Global Fund	Centers for Disease Control and Prevention	TOTAL RESTRICTED	UNRESTRICTED	2007	2006
REVENUES						
Grants	₱53,887,409	₱3,927,778	₱57,815,187	₱5,684,056	₱63,499,243	₱21,513,981
Donations and contributions	–	–	–	18,334,662	18,334,662	9,059,563
Interest income	–	–	–	80,892	80,892	206,916
Others	–	–	–	627,079	627,079	438,024
	53,887,409	3,927,778	57,815,187	24,726,689	82,541,876	31,218,484
EXPENSES						
Personnel costs (Note 9)	10,763,272	–	10,763,272	5,579,700	16,342,972	6,307,525
Program management and administration	10,661,913	3,258,138	13,920,051	–	13,920,051	5,750,806
Honorarium	10,133,383	–	10,133,383	3,187,913	13,321,296	4,973,239
Depreciation (Note 6)	–	–	–	6,454,581	6,454,581	3,507,871
Laboratory and office supplies	1,469,159	–	1,469,159	3,773,580	5,242,739	2,821,206
Professional fees	1,429,811	–	1,429,811	173,950	1,603,761	906,092
Unrealized foreign exchange losses	–	–	–	1,486,637	1,486,637	–
Utilities	1,268,573	–	1,268,573	–	1,268,573	1,290,636
Communication	735,838	–	735,838	33,101	768,939	485,526
Repairs and maintenance	326,243	–	326,243	346,128	672,371	212,115
Entertainment, amusement and recreation	437,867	–	437,867	130,996	568,863	838,728
Insurance	327,242	–	327,242	143,789	471,031	317,055
Lease (Note 10)	314,399	–	314,399	–	314,399	162,105
Transportation and travel	107,511	–	107,511	164,950	272,461	374,932
Taxes and licenses	111,237	–	111,237	21,194	132,431	174,678
Medicines	24,458	–	24,458	38,017	62,475	136,292
Others	1,179,134	–	1,179,134	586,004	1,765,138	1,525,399
	39,290,040	3,258,138	42,548,178	22,120,540	64,668,718	29,784,205
EXCESS OF REVENUES OVER EXPENSES	₱14,597,369	₱669,640	₱15,267,009	₱2,606,149	₱17,873,158	₱1,434,279

* The Foundation changed from the calendar year ending December 31 to the fiscal year covering the period August 1 to July 31.

See accompanying Notes to Financial Statements.

TROPICAL DISEASE FOUNDATION, INC.
(A Nonstock, Nonprofit Corporation)

STATEMENTS OF CHANGES IN FUND BALANCE
FOR THE YEAR ENDED JULY 31, 2007
AND THE PERIOD JANUARY 1 TO JULY 31, 2006*

	Members' Contributions	Accumulated Excess of Revenues Over Expenses	Total
Balances at December 31, 2005	₱70,000	₱64,749,267	₱64,819,267
Excess of revenues over expenses for the period	–	1,434,279	1,434,279
Balances at July 31, 2006	70,000	66,183,546	66,253,546
Excess of revenues over expenses for the period	–	17,873,158	17,873,158
Balances at July 31, 2007	₱70,000	₱84,056,704	₱84,126,704

* The Foundation changed from the calendar year ending December 31 to the fiscal year covering the period August 1 to July 31.

See accompanying Notes to Financial Statements.

TROPICAL DISEASE FOUNDATION, INC.
(A Nonstock, Nonprofit Corporation)

STATEMENTS OF CASH FLOWS
FOR THE YEAR ENDED JULY 31, 2007
AND THE PERIOD JANUARY 1 TO JULY 31, 2006

	2007	2006
CASH FLOWS FROM OPERATING ACTIVITIES		
Excess of revenues over expenses	**₱17,873,158**	₱1,434,279
Adjustments for:		
Depreciation	**6,454,581**	3,507,871
Unrealized foreign exchange loss (gain) - net	**1,486,637**	(74,953)
Interest income	**(80,892)**	(206,916)
Operating income before working capital changes	**25,733,484**	4,660,281
Decrease (increase) in:		
Advances and other receivables	**902,145**	(2,941,935)
Prepayments	**–**	71,753
Other current assets	**(266,930,985)**	58,719,929
Increase (decrease) in accounts payable and accrued expenses	**5,637,347**	(12,142,747)
Net cash generated from operations	**(234,658,009)**	48,367,281
Interest received	**80,892**	206,916
Net cash flows from (used in) operating activities	**(234,577,117)**	48,574,197
CASH FLOWS FROM INVESTING ACTIVITIES		
Additions to property and equipment	**(4,185,215)**	(3,081,853)
Decrease (increase) in:		
Refundable deposits	**(520,782)**	(37,279)
Marketable equity securities	**–**	2,130
Short-term investments	**–**	(3,799,651)
Net cash flows used in investing activities	**(4,705,997)**	(6,916,653)
CASH FLOWS FROM FINANCING ACTIVITIES		
Increase (decrease) in funds held in trust	**245,687,001**	(58,007,215)
Proceeds from bank loan	**2,000,000**	–
Net cash flows from (used in) financing activities	**247,687,001**	(58,007,215)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	**8,403,887**	(16,349,671)
EFFECT OF EXCHANGE RATE CHANGES ON CASH AND CASH EQUIVALENTS	**(1,033,454)**	74,953
CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD	**9,698,736**	26,973,454
CASH AND CASH EQUIVALENTS AT END OF PERIOD	**₱17,069,169**	₱9,698,736

* The Foundation changed from the calendar year ending December 31 to the fiscal year covering the period August 1 to July 31.

See accompanying Notes to Financial Statements.

TROPICAL DISEASE FOUNDATION, INC.
(A Nonstock, Nonprofit Corporation)

NOTES TO FINANCIAL STATEMENTS

1. Corporate Information

Tropical Disease Foundation, Inc. (the Foundation) was registered with the Philippine Securities and Exchange Commission (SEC) on November 5, 1984 as a nonstock, nonprofit corporation committed to undertake biological research and provide training and service in the control and management of tropical and infectious diseases, including therapeutic and preventive measures.

The Foundation's registered office is at Makati Medical Plaza Bldg., Amorsolo St., Legaspi Village, Makati City. Its principal place of business is 138 Ground Floor Montepino Bldg. Amorsolo St. corner Gamboa and Adelantado Sts., Legaspi Village, Makati City.

On September 12, 2005, the Board of Trustees authorized the change in the Foundation's fiscal year from the calendar year ending December 31 to the fiscal year covering the period August 1 to July 31. This was approved by the SEC on January 25, 2006.

The financial statements of the Foundation as of July 31, 2006 and for the period January 1 to July 31, 2006 were prepared in connection with the Foundation's change in accounting period from calendar year ended December 31 to fiscal year ended July 31. The amounts presented in the 2006 statements of revenues and expenses, changes in fund balance, cash flows and related notes are for seven months and accordingly, are not comparable with those for the year ended July 31, 2007.

The financial statements of the Foundation as of July 31, 2007 and 2006 and for the year ended July 31, 2007 and the period January 1, to July 31, 2006 were authorized for issue by the Executive Committee, appointed by the Board of Trustees, on November 14, 2007.

2. Summary of Significant Accounting Policies

Basis of Preparation

The financial statements of the Foundation are prepared on a historical cost basis and are presented in Philippine peso unless otherwise stated.

Statement of Compliance

The financial statements of the Foundation have been prepared in compliance with accounting principles generally accepted in the Philippines, as set forth in the applicable statements of Financial Accounting Standards (SFAS) and SFAS/International Accounting Standards (SFAS/IAS) effective as of December 31, 2004. The Foundation qualifies as a non-publicly accountable entity (NPAE) under Philippine Accounting Standard (PAS) 103, *Financial Reporting Standards for Non-Publicly Accountable Entities,* and accordingly, availed of the option not to apply the new Philippine Financial Reporting Standards (PFRS) that became effective for annual periods beginning on or after January 1, 2005.

Cash and Cash Equivalents
Cash includes cash on hand and with banks. Cash equivalents are short-term, highly liquid investments that are readily convertible to known amounts of cash with original maturities of three months or less and that are subject to an insignificant risk of changes in value.

Marketable Equity Securities and Other Short-term Investments
Investments are carried at the lower of aggregate cost or market value based on the quoted market price determined at the statement of assets, liabilities and fund balance date. The amount by which aggregate cost exceeds market value is accounted for as a valuation allowance and changes in the valuation allowance are included in the statement of revenues and expenses. Realized gains and losses from the sale of current investments are included in the statement of revenues and expenses. When the investments are sold or otherwise disposed of, the difference between the net disposal proceeds and the carrying amount is included in the statement of revenues and expenses.

Advances and Other Receivables
Advances are recognized and carried at face value less allowance for any doubtful accounts. An allowance for doubtful accounts is made when collection of the full amount is no longer probable.

Property and Equipment
Property and equipment are carried at cost less accumulated depreciation and any impairment in value.

The initial cost of property and equipment consists of its purchase price, including import duties, taxes and any directly attributable costs of bringing the property and equipment to its working condition and location for its intended use. Expenditures incurred after the property and equipment have been put into operation, such as repairs and maintenance are normally charged to income in the period in which the costs are incurred. In situations where it can be clearly demonstrated that the expenditures have resulted in an increase in the future economic benefits expected to be obtained from the use of an item of property and equipment beyond its originally assessed standard of performance, the expenditures are capitalized as an additional cost of property and equipment.

Depreciation is computed on a straight-line basis over the estimated useful lives of the property and equipment as follows:

	Years
Condominium units	20
Office furniture, fixtures, and equipment	5
Laboratory equipment	5
Transportation equipment	5

Leasehold improvements are amortized over their estimated useful life of 5 years or the term of the lease, whichever is shorter.

Construction in progress is stated at cost. This includes cost of construction and other direct costs. Construction in progress is not depreciated until such time as the relevant assets are completed and available for use.

The useful lives and depreciation method are reviewed periodically to ensure that the periods and method of depreciation are consistent with the expected pattern of economic benefits from items of property and equipment.

When assets are retired or otherwise disposed of, the cost and the related accumulated depreciation and any impairment in value are removed from the accounts and any resulting gain or loss is credited to or charged against current operations.

Impairment of Assets

The carrying values of property and equipment are reviewed for impairment when events or changes in circumstances indicate that the carrying values may not be recoverable. If any such indication exists and where the carrying values exceed the estimated recoverable amount, the assets or cash-generating units are written down to their estimated recoverable amounts. The estimated recoverable amount of property and equipment is the greater of its net selling price and value in use. The net selling price is the amount obtainable from the sale of an asset in an arm's-length transaction less the costs of disposal. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset. For an asset that does not generate largely independent cash inflows, the estimated recoverable amount is determined for the cash-generating unit to which the asset belongs. Impairment losses, if any, are recognized in the statement of revenues and expenses.

Revenue

Revenue is recognized to the extent that it is probable that the economic benefits will flow to the Foundation and the revenue can be reliably measured. The following specific recognition criteria must also be met before revenue is recognized:

Grants, Contributions and Donations

Revenue is recognized upon receipt of the grants, contributions and donations. Grants received for specific purposes and which are covered by contracts or agreements and are required by donors to be accounted for separately are accounted for separately and recorded under Funds Held in Trust.

Interest

Revenue is recognized as the interest accrues taking into account the effective yield on the asset.

Retirement Costs

The Foundation provides for the estimated retirement benefits of qualified employees as required under Republic Act (RA) No. 7641. Retirement costs are actuarially determined using the projected unit credit method. This method reflects services rendered by employees to the date of valuation and incorporates assumptions concerning employees' projected salaries. Retirement costs include current service cost plus amortization of past service costs, experience adjustments and changes in actuarial assumptions over the expected average remaining working lives of the covered employees. Actuarial valuation is conducted at least once every three years.

Operating Leases

Leases where the lessor retains substantially all the risks and benefits of ownership of the assets are classified as operating leases. Operating lease payments are recognized as an expense in the statements of revenues and expenses on a straight-line basis over the lease term.

Borrowing Costs
Borrowing Costs are expensed when incurred.

Foreign Currency-Denominated Transactions
Foreign currency-denominated transactions are recorded in Philippine peso using the prevailing exchange rate at the date of the transaction. Monetary assets and liabilities denominated in foreign currencies are restated using the closing exchange rate at the balance sheet date. Exchange gains or losses resulting from foreign currency transactions and restatements are credited to or charged against current operations.

Provisions
Provisions are recognized when the Foundation has a present obligation (legal or constructive) as a result of a past event, it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. If the effect of the time value of money is material, provisions are determined by discounting the expected future cash flows at a pre-tax rate that reflects current market assessments of the time value of money and, where appropriate, the risks specific to the liability.

Where discounting is used, the increase in the provision due to the passage of time is recognized as an interest expense.

Contingencies
Contingent liabilities are not recognized in the financial statements. These are disclosed unless the possibility of an outflow of resources embodying economic benefits is remote. Contingent assets are not recognized in the financial statements but disclosed in the notes to financial statements when an inflow of economic benefits is probable.

Subsequent Events
Post year-end events that provide additional information about the Foundation's position at the statement of assets, liabilities and fund balance date (adjusting events) are reflected in the financial statements. Post year-end events that are not adjusting events are disclosed in the notes to financial statements when material.

3. Cash and Cash Equivalents

	2007	2006
Cash on hand and with banks	₱11,954,270	₱8,653,871
Cash equivalents	5,114,899	1,044,865
	₱17,069,169	₱9,698,736

Cash with banks earn interest at the respective bank deposit rates. Cash equivalents are made for varying periods of up to three months depending on the immediate cash requirements of the Foundation, and earn interest at the short-term investment rates.

4. Advances and Other Receivables

	2007	2006
Officers and employees	₱3,141,352	₱2,473,888
Suppliers	475,650	951,657
Philippine Lung Center	575,480	2,118,429
Others	1,248,775	799,428
	₱5,441,257	₱6,343,402

5. Other Current Assets

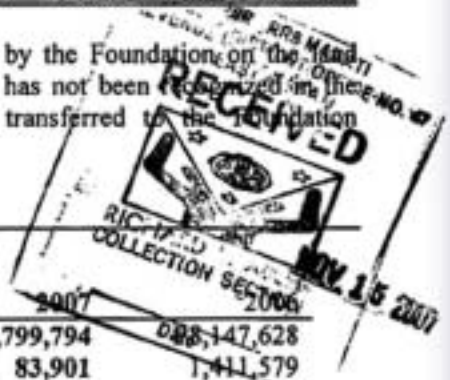
	2007	2006
Cash on hand and in banks	₱109,146,680	₱49,962,790
Cash short-term investments	223,188,407	15,444,000
Others	2,688	–
	₱332,337,775	₱65,406,790

Other current assets comprising of cash on hand and in banks amounting to ₱109.15 million in 2007 and ₱49.96 million in 2006 and short term investments amounting to ₱223.19 million in 2007 and ₱15.44 million in 2006 represent restricted funds held by the Foundation for the implementation of specific programs (see Note 13).

6. Property and Equipment

	Condominium Units	Office Furniture, Fixtures and Equipment	Leasehold Improvements	Laboratory Equipment	Transportation Equipment	Construction In Progress	2007 Total	2006 Total
Cost:								
Beginning balances	₱25,409,132	₱14,034,241	₱4,386,805	₱8,916,147	₱1,964,800	₱–	₱54,711,125	₱51,629,272
Additions	77,496	1,501,069	144,000	58,365	–	2,404,285	4,185,215	3,081,853
Ending balances	25,486,628	15,535,310	4,530,805	8,974,512	1,964,800	2,404,285	58,896,340	54,711,125
Accumulated depreciation:								
Beginning balances	1,839,361	4,820,050	2,406,458	5,954,324	968,583	–	15,988,776	12,480,905
Depreciation for the period	1,276,016	3,036,803	907,257	841,545	392,960	–	6,454,581	3,507,871
Ending balances	3,115,377	7,856,853	3,313,715	6,795,869	1,361,543	–	22,443,357	15,988,776
Net book value	₱22,371,251	₱7,678,457	₱1,217,090	₱2,178,643	₱603,257	₱2,404,285	₱36,452,983	₱38,722,349

Construction in progress refers to a building being constructed by the Foundation on the land donated by Ayala Corporation (see Note 8). The donated land has not been recognized in the accounts of the Foundation because the title has not been transferred to the Foundation (see Note 14).



7. Accounts Payable and Accrued Expenses

	2007	2006
Accounts payable	₱14,799,794	₱8,148,147,628
Accrued expenses	83,901	1,411,579
Others	1,237,317	924,458
	₱16,121,012	₱10,483,665

8. Loan Payable

On June 14, 2007, the Foundation obtained a loan amounting to ₱2.0 million with an interest of 8.75% per annum to finance the construction of its new building (see Note 6). The principal is payable on demand and in lump sum, while interest is payable monthly in arrears. This is collateralized by the Foundation's condominium unit at the Montepino Building.

9. Personnel Costs

	2007	2006
Salaries and wages	₱10,860,624	₱4,571,155
Other benefits	5,482,348	1,736,370
	₱16,342,972	₱6,307,525

The Foundation has an average number of employees of 155 and 125 in 2007 and 2006.

10. Leases

The Foundation leases two condominium units at the Medical Plaza Makati Building. The first lease covers the period from June 1, 2007 to May 31, 2008, while the second lease covers the period May 23, 2006 to May 22, 2008. Moreover, the foundation leased an additional two units at the AMPC Building; the first lease covers the period January 1, 2007 to December 31, 2007, while the second lease covers the period May 16, 2007 to May 15, 2008.

11. Retirement Plan

Pending the adoption of a formal retirement plan, the Foundation provides for the retirement benefits of qualified employees as required under RA 7641. Based on the latest actuarial valuation report dated July 31, 2006 the present value of retirement obligations amounted to ₱1.2 million while the fund balance amounted to ₱3.6 million. The principal assumptions used to determine retirement benefits were an interest rate and average salary increase rate of 10% per annum. No retirement cost was recognized in 2007 and 2006 because the annual amortization of the excess of plan assets over the present value of retirement obligations exceeds the current service cost.

12. Income Taxes

As a nonstock, nonprofit corporation, the Foundation is exempt from payment of income tax with respect to receipts received in accordance with the provision of Section 30 (e) of RA No. 8424 entitled "An Act Amending the National Internal Revenue Code, As Amended, and For Other Purposes". The income from activities conducted in pursuit of the objectives for which the Foundation was established is exempt from tax. However, any income on any of its properties, real or personal, or from any activity conducted for profit, regardless of the disposition of such income, is subject to tax. Also, the Foundation is an accredited donee institution by the Philippine

Council for NGO Certification. As such, its donors are entitled to full or limited deduction and exemption from donor's tax.

13. Contracts and Agreements

Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund)

The Foundation entered into program grant agreements with Global Fund for the implementation or overseeing the implementation of six programs as follows:

Programs	Grant No.	Start Date	Phase 1 End Date	Proposed Completion Date
Accelerating the Response to Tuberculosis	PHL-202-G02-T-00	August 1, 2003	July 31, 2005	July 31, 2008
Accelerating the Response to Malaria	PHL-202-G01-M-00	August 1, 2003	July 31, 2005	July 31, 2008
Accelerating STI and HIV Prevention and Care Through Intensified Delivery of Services to Vulnerable Groups and People Living with HIV in Strategic Areas in the Philippines	PHL-304-G03-H	August 1, 2004	July 31, 2007	July 31, 2009
Upscaling the National Response to HIV/AIDS Through the Delivery of Services and Information to Populations at Risk and People Living with HIV/AIDS	PHL-506-G04-H	October 1, 2006	September 30, 2008	September 30, 2011
Scaling up and Enhancement of the National Tuberculosis Program in the Philippines	PHL-506-G06-T	October 1, 2006	September 30, 2008	September 30, 2011
An Intensified Strengthening of Local Response and Health Systems to Consolidate the Gains in Malaria Control in Rural Philippines Through Public Private Partnership	PHL-607-G07-M	November 1, 2007	October 31, 2009	October 31, 2012

Case Western Reserve University (CWRU)

The Research Consortium Agreement between CWRU and the Foundation which is sponsored by the National Institutes of Health under project title: "Tuberculosis Research Unit" is a collaborative effort between the two organizations wherein the Foundation agreed to use its personnel and facilities in the performance of work in exchange for costs reimbursement based on an agreed budget. The program started on November 15, 2003 and is scheduled to be completed in 2008.

Centers for Disease Control and Prevention (CDC)

The Foundation entered into a cooperative agreement with CDC under the project title "Improving the Effectiveness of the Diagnosis of Tuberculosis in the Philippines" under Program Announcement Number 04259. The program started on September 15, 2004 with expected completion date of September 14, 2009.

---

14. **Other Matter**

On August 14, 2006, Ayala Corporation (the donor) donated a parcel of land situated in Makati City to the Foundation. The ownership of the land could not be immediately transferred to the Foundation because the donor is still in the process of clearing the title to the property.

As of July 31, 2007, the donor has already instituted court proceedings to clear the title.

Tropical Disease Foundation, Inc.
DIRECTORY

BOARD OF TRUSTEES

Chairperson
Amb. Bienvenido A. Tan, Jr., LLB

Trustee Emeritus
Antonia Yulo-Loyzaga

Members
Arch. Pablo R. Antonio, Jr.
Florina R. Kaluag, MD
Justice Manuel M. Lazaro
Vitaliano N. Nañagas II
Imelda D. Quelapio, MD
Claver P. Ramos, MD
Thelma E. Tupasi, MD
Roberta C. Romero MD
Florentino S. Solon, MD
Mercedes B. Concepcion, Ph.D.

OFFICERS

President
Thelma E. Tupasi, MD

Vice-President and Treasurer
Roberta C. Romero, MD

Secretary
Nellie V. Mangubat

Assistant Treasurer
Norma G. Miranda

INTERNATIONAL ADVISORY BOARD

Calvin M. Kunin, MD
Honorary Chairman
Pomerene Professor of Medicine
Ohio State University, Columbus, Ohio, U.S.A.

Carmelita U. Tuazon, MD
Professor of Medicine
George Washington University, Washington, DC, U.S.A.

Sistla Radhakrishna, Ph.D.
Retired Director
Institute of Biostatistics
TB Research Council, Mumbai, India

INSTITUTIONAL REVIEW BOARD

Chairperson
Roberta C. Romero, MD

Vice Chairperson
Florentino S. Solon, MD

Human Subjects Administrator
Nellie Mangubat, BSFT

Members
Roel Romero, MD
Aniceto Orbeta
Ruben Encarnacion, Ph.D.
Jennifer Chua, MD
Fr. Rene Lagaya, SDB
Marita Reyes, MD

EXECUTIVE OFFICERS

Thelma E. Tupasi, MD
President
Program Director

Roberta C. Romero, MD
Vice-President
Deputy Program Director

PROGRAM MANAGEMENT UNIT

PROGRAM ADMINISTRATION

Norma G. Miranda
Program Administrator

Gemmalyn S. Buhay
Human Resources Manager

Edilberto Sagcal
Internal Audit Manager

PROCUREMENT & SUPPLY MANAGEMENT

Bernardo Bersola
Procurement Supply and
Management Manager

FINANCE AND ACCOUNTING

Evangeline Soliveres
Finance Manager

Rhandy R. Rowan
Accounting Manager

MONITORING AND EVALUATION

Jennifer Chua, MD
Executive Officer and Manager, M&E

DATA MANAGEMENT

Nellie V. Mangubat
Data Manager

PARTNERSHIP COORDINATION
AND COMMUNICATION

Leilani C. Naval
Executive Assistant

PROGRAM MANAGEMENT
AND TECHNICAL COORDINATION

Onofre E. Merilles
Program Manager - TB-PR

Lourdes Pambid
Program Manager – Malaria

Dorothy Agdamag
Program Manager – HIV/AIDS

OPERATIONS UNIT

PROGRAMMATIC MANAGEMENT
OF DRUG-RESISTANT TB

Imelda D. Quelapio, MD
Executive Officer and Manager, PMDT

Albert Angelo Concepcion
Program Coordinator

Ruth Orillaza, MD
Treatment Centers Coordinator

Virgil Belen
Nurse Treatment Centers Coordinator

Nona Rachel Mira
Training Coordinator

Nerizza Munez
Drugs and Supplies Coordinator

Roberto Belchez
Field Coordinator

Gail de las Alas
Senior Social Worker

Grace Egos
Laboratory Manager

Lualhati Macalintal, MD
Clinic Coordinator, Kabalikat sa Kalusugan-
Quezon Institute MDR-TB Housing Facility

Maria Tarcela Gler, MD
Clinic Coordinator,
Makati Medical Center DOTS Clinic

Lawrence Raymond, MD
Clinic Coordinator, Lung Center of the Philippines
Public Health Domiciliary Unit DOTS Center

MALARIA

Luz Escubil, MD
Program Manager

HIV/AIDS

Willie Cabauatan, MD
Program Manager

Janice Campos-Caoili, MD
Deputy Program Manager

Grantors & Benefactors

We acknowledge with deep gratitude the Grantors, benefactors, patrons, sponsors, donors and friends of the Foundation

Grantors

Philippine Charity Sweepstakes (Second Line Drugs for MDR-TB patients)
Philippine Amusement and Gaming Corporation (for KASAKA housing facility)

Benefactors

Beatrice D. Campos (for PMU at Montepino)
Jocelyn Campos-Hess (for PMU at Montepino)
Ayala Corporation (for the site of the International Center for Tuberculosis)

Patrons

Asia Brewery Scholarship Found.
AstraZeneca
Bayer Philippines, Inc.
Bristol-Myers Squibb-Mead Johnson (Phil), Inc.
United Laboratories, Inc.
Daiichi Seiyaku Co., Ltd
E.R. Squibb & Sons (Phil.) Corp
Insular Life Assurance Co, Ltd.
Phil. Investment Management Consultants Inc. (PHINMA)
Schering Corp. (Phil.), Inc.
Mr. Lucio C. Tan
Dr. & Mrs. Claver Ramos
Zuellig Pharma Corporation
Florina Kaluag, M.D.
Oscar L Liboro, MD.
Amb. & Mrs. Ramon del Rosario
Tan Yan Kee Foundation
Glaxo-SmithKline
Nutrition Center of the Phils.
BOIE-Takeda Chemicals, Inc.
Carlos Palanca Foundation
Doña Kingpaoguat Typoco Tanyu
Far East Bank and Trust Co.
Trans-Philippines Investment Corp.
Stephen Fuller, M.D.
Romeo H. Gustilo, M.D.
Miguel de Leon, M.D.
Sen. & Mrs. Manuel Manahan
Dr. & Mrs. Roel Romero
Glocrito Sagisi, M.D.
Mr. Harry Tan
Mrs. Carmen Yulo
Elena P. Tan Foundation
Philippine Cut Flower Corp.
Sen. Loren Legarda
Pablo Antonio Jr. Design Consultancy, Inc.
Eli-Lilly (Phils) Inc.
Dr. Thelma Crisostomo
Lapanday Foods
Esicor Inc.
Boysen
Wyeth Philippines Inc.
Zuellig Pharma Corp.
Bayer Philippines, Inc.
Servier Phils.
Abbott Laboratories
Stars Bar and Dining
AIC Realty Corportaion
Robert C. Alan Romero
Dr. Lombardo & Mrs. Anna Santiago
Dr. and Mrs. A. Madu Rao
Dr. Leticia del Pilar
Benedicto Gallardo
Dr. and Dr. Ladia

Sponsors

Dr. Raul Fores
Col. & Mrs. Juan Arroyo
Normando C, Gonzaga, M.D.
Mr. Jun Ichinose
Rebecca Singson, M.D.
Engr. Proceso P. Ramos
M.M. Lazaro and Associates
Dr. & Mrs. Vicente Magsino
Cathay Drug Company, Inc.
Cordillera Savings & Loan Bank
Otsuka Pharmaceuticals Phils.
Roche Philippines Inc.
Avon Cosmetics, Inc.
Microbase Inc.
David M. Consunji
N.L. Villa Medical Center
Highlight Metal Craft
SANOFI Winthrop, Inc.
Asia Industries, Inc.
Atty. & Mrs. Zoilo Dejaresco
LEC Steel Marketing
Bank of Commerce
Max's Restaurant
Pfizer
Asia Industries Material Handling Equipment Corp.
Dr. Jaime Jose Hilao
Dr. Roberta C. Romero

Institutional Donors

Frontline Linkage Incorporated
New World Sales Center
Sycip, Gorres, Velayo & Co.

Donors

Counsellor's Inn
Mr. Hubert d' Aboville
Ms. Nina Aquino
Mr. & Mrs. Juanito de Dios
Mrs. Lilian de Leon
Mrs. Asuncion G. Aviado
Mr. Johnny Matanagmon
Reynaldo Que
Mr. Joey Reyes
Vermen Verallo, M.D.
Angela Villanueva, M.D.
Atty. & Mrs. Rafael Borromeo
Dr. Lourdes Manahan
Dr. Floro Brosas
Annie & Rudy Sim
Dr. & Mrs. Alipio Abad
Rural Bank of Solano
Dr. and Mrs. Renato Sibayan
The American Eye
Antonio & Regina Alvarez
Mariposa Foundation, Inc.
Dr. Jose Paolo Lorenzo
Dr. Carmelita Grande
Makati Heart Foundation
Sen. Juan Ponce Enrile
Mr. & Mrs. Alex Villamar
Beta Electric Corp.
Transworld Rubber
Alpha Plumbing Works
Gerald & Daniel Quelapio
Dr. & Mrs. Dante B. Morales
General Offset Press Inc
3M Philippines
VMV Hypoallergenics
George and Grace Ramos
Mr. Vince Garcia
Dr. Jose Joson
Dr. Annie Silvestre-Gallardo
Dr. Benjamin Albano
Dr. Victor Nanagas
Dr. Alicia Bunye-Rao
Dr. Juan Dizon and daughter
Dr. Jesse Espinola
Dr. and Mrs. Ruben and Aida Ballesteros
Dr. Jaime del Pilar
Dr. Leticia Quetulio del Pilar
Dr. Mario Andres
Dr. Hilario Esguerra
Rosario Labrador
Gonzalo and Jean Chua
Benjamin and Susan del Carmen
Jacinto and Dorothy de Borja
Jimmy Cordero

Memorial endowments in honor of

CONSTANTINO P. MANAHAN, M.D.

LUCRECIA LIZARES GUSTILO

Friends of the Foundation

Miss Asuncion M. Albert
Mr. & Mrs. Chester Babst
Jose Lopez David, M.D.
Arch. Santiago Esplana
Arch. & Mrs. Willi Fernandez
Atty. & Mrs. Joselin Fragada
Dr. Yoshio Hamaguchi
Mr. & Mrs. Bernardo Jalandoni
Eduardo Jamora, M.D.
Mr. & Mrs. Precha Kulapongse
Mr. Horacio Pascual
Mrs. Beatrice Sim
Engr. Antonio Simpao
Arch. & Mrs. Greg Timbol
Mr. & Mrs. Adolfo Villegas
Mr. Antonio Yap
Mr. & Mrs. Jose Yuzon
FC Masagana Bld.
Kidney Unit, Makati Medical Ctr.
Mg Man To
R. & T. Rodriguez
A & S Hardware
Bacnotan Consolidated Ind. Inc.
Bataan Pulp and Paper Mills
Dermhaus
EMAR Corporation
Trans-Asia Oil and Mineral Development Corp.
Internationale Foundation, Inc.
Unimer Trading Corporation
United Pulp and Paper Corp.
Victorias Marketing
Dr. Patricia Santos
Dr. Clemente Gatmaitan
Dr. Eloisa Pastores
Dr. Gary Lopez
Dr. Bienvenido Aldanese
Dr. Annabelle Aherrera
Dr. John Pastores
Dr. Thelma Leelin
Dr. Arnel Diaz
Dr. Bienvenido Cabral
Dr. Nora Figueroa-Santos
Dr. Filomena Montinola
Dr. Benjamin Luna
Dr. Benjamin Bince
Dr. Antonio Cayco
Dr. Ludivina Garces
Dr. Rosario Paguntalan
Marissa Rovillos
Dr. Wilma Baltazar
Dr. Theresa Ortin
Dr. Ruth Divinagracia
Dr. Victor Lopez
Dr. Roberto Ingles
Dr. Dindo Isabela
Dr. Estela Cabrera
Dr. Juliet Yap
Dr. & Mrs. Michael Wassmer
Philippine Orthopedic Institute
Dr. Agripino Reloza
Dr. Angelita Aguirre
Dr. Ma. Teresa Tangkeko
Dr. Zenaida Bagabaldo
Dr. Eduardo Jamora
Dr. Jaime Lapuz
Dr. Elaine Baens Araneta
Dr. Saturnino Javier
Dr. Santos Ocampo
Dr. Emmanuel Ibay
Dr. Jacqueline King
Dr. Elsie Floreza
Dr. & Mrs. Roberto Mata
Mr. William Co
Dr. Jose San Gabriel
Dr. Oswald Herrera
Susan Lamb
Dr. Augusto Litonjua
Dr. Sylvia Jamora
Dr. Imelda Villar
Dr. Benjamin Magsino
Dr. Gregorio Martinez
Dr. Milan Tambunting
Dr. Alexis Reyes
Dr. Carmela Isabela
Dr. Nazario Macalintal
Dr. Josephine Raboca
Dr. Eduardo Rondain
Dr. Gerardo Beltran
Dr. Benjamin Adapon
Dr. Jack Arroyo
Maribel Rivera
Dr. Tito Torralba
Dr. Edmundo Villacorta
Dr. Cristina Antonio
Enrique&Susana Campos
Dr. Martesio Perez
Dr. Ramon Ocampo
Dr. Homobono Calleja
Dr. Deogracias Custodio
Dr. Johnny Almirante
Dr. Mercy Viduya
Dr. Simon Sawit
Dr. Federico Leelin
Dr. Ramon Ongsiako
Dr. Shirley Ong
Conchita Morales
Mary Lou Claudio
Dr. Ariston Bautista
Gerald Panlilio
Henry & Lucy Co
Ma. Chuatico
Dr. Esther Leynes
Saudi Ambassador Al-Ghandi
Dr. Benjamin Famador
Dr. Erlinda Famador
Dr. Reynaldo Rivera
Dr. Conrado Lorenzo
Dr. May Sison
Dr. Bernardo Cueto
Dr. Ernesto Santos
Dr. Vicente Arguelles
Dr. Bernardita Gabriel
Aurelia Gopuansuy
Hali Gopuansuy
Roberto Gopuansuy
Panda Devt. Corp.
Dr. Aurelia Leus
Dr. Prudencio Dy
Dr. Grace Luna
Dr. Victor Alvarez
Dr. Santiago del Rosario
Dr. Paul Tan
Dr. Regina Liboro
Dr. Salvador Valdez
Dr. Elizabeth Rondain
Dr. Manuel Kanapi
Dr. Antonio Mendoza
Dr. Genara Limson
Dr. Abundio Balgos
Dr. Gregorio Ocampo
Dr. Danilo Francisco
Crysma Trading
Electro Systems Ind.
Dr. Monina Ozaeta
Dr. & Mrs. Paulino Tenchavez
Dr. Eric Nubla
Dr. Ma. Lourdes Gozali
Engr. Proceso Ramos
Carmelita Amora
Dr. Miguel Celdran
Jose Solano
Dr. Rosario Alcaneses
Dr. Manuel Canlas
Dr. Teresa Fontillas
Dr. Erlinda Escara
Dr. Dennis Garcia
Dr. Romeo Nuguid
Dr. Jorge Arkoncel
Dr. Luz Gamez
Dr. Francisco Barros
Dr. Rodrigo Cesario
Nilo's Machine
Herophil
Salvador Martinez
Atty. Victoria Martinez
Atty. Robert Abad
Dr. Raymund Serina
Alfonso Tiu/ Concept Packaging
Paris Manila Technology
Dr. Leticia Andres
Dr. Luis Capuchino
Dr. Julius Lecciones
Nell Datu
Arlene Pioderoda
Milly Chua
Elly Dejaresco
Peter Dejaresco
Bingo Dejaresco
Sister Tajanlangit
Danny Anastacio
Dr. Natividad Alimurong
Novartis

We need your support.
The Foundation offers several opportunities for those who wish to support its undertakings.

Endowments supporting current projects are invited in the following categories:

Benefactors	P 100,000.00 or more
Patrons	P 20,000.00 - P 99,000.00
Sponsors	P 10,000.00 - P 19,000.00
Donors	Less than P10,000.00

Friends of the Foundation

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 & Honorary Endowments
Remembering a Loved One
Endowments may be made in honor or in memory of a friend or relative. The Foundation acknowledges this by giving a certificate of appreciation to the person honored or to the family of the deceased.

Tropical Disease Foundation, Inc.
2nd Floor, APMC Bldg., 136 Amorsolo cor.
P. Gamboa Streets, Legaspi Village
Makati City 1229, The Philippines
+632-8170489; +632-8400714;
+632-8129183

International Center for Tuberculosis
1 Amorsolo cor. Urban Avenue
Makati City 1200, The Philippines
+632-8865767

TROPICAL DISEASE
FOUNDATION INC.
Principal Recipient