TROPICAL DISEASE FOUNDATION
THE GLOBAL FUND
To Fight AIDS, Tuberculosis and Malaria

Annual Report 2005 - 2006

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FOREWORD

This annual report covers the period of August 1, 2005 to July 31, 2006, covering the third year for the Tuberculosis and Malaria projects and the second year of the HIV/AIDS project. These projects entitled, Accelerating the Control of TB, Malaria and HIVAIDS, are in pursuance of 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.

The gains made are impressive and are detailed in this annual report. During these three years, the Philippines attained the global targets for case detection and cure rate for TB and showed a modest decline in the TB incidence. The Philippines has been a pace setter in TB control, with privately initiated DOTS facilities established since 1997 even before the term Private Public Mix DOTS (PPMD) was coined. The country has the distinction of having the first DOTS-Plus pilot project for the management of MDR-TB initiated by a PPMD and approved by the Green Light Committee of the Working Group on MDR-TB. Community-based TB care was likewise pioneered in the Philippines in many rural poor communities.

The GF Malaria project has focused on the top 26 provinces responsible for 90% of all malaria morbidity and mortality in the Philippines. The outcome of the interventions implemented for the most at risk population living in the hard to reach areas are discernible barely within three years of the implementation of the project as described in this annual report.

The GF HIV/AIDS project was approved for Phase II implementation after two years. The public private partnership through engagement of the communities affected is most vibrant in this project. The recent pronouncement of the DOH to a universal access policy for antiretrovirals (ARVs) has been a most significant development.

Success stories are likewise reported, indicating that progress is indeed being made. The public private partners in these projects all deserve our commendations. The Country Coordinating Mechanism and the respective Technical Working Groups have made outstanding contributions by providing the guidance in the implementation of the GF projects.

The Philippine Global Fund Projects

THE GLOBAL FUND PROJECTS IN THE PHILIPPINES

The GFATM, founded in January 2002, is a partnership of national governments from donor and developing countries, non-governmental organizations, affected communities, corporations, foundations and international organizations. The GFATM is a grant-making organization that provide financial resources to improve underlying health systems to advance global health through control and prevention of AIDS, TB and malaria. As required by the GFATM, the Philippines established a Country Coordinating Mechanism in March 5, 2002 through the expansion of the National Infectious Disease Advisory Committee. The Country Coordinating Mechanism (CCM) oversees all GFATM applications and the program implementation in the country.

The CCM is a board of multi-sectoral membership fostering partnership among all stakeholders including those from civil society, the private sector, non-government organizations, the public sector, faith based organizations, representatives of people living with the disease, international multi-lateral and bi-lateral agencies.

The Philippine CCM application in response to the Round 2 call for proposals in November 2002 was approved in July 2003 for TB and Malaria and in August 2004 for HIV/AIDS. The Tropical Disease Foundation (TDF) was nominated and elected to be the Principal Recipient for the Global Fund (GF) projects entitled

Accelerating the National Response to TB, Malaria and AIDS.

The Tropical Disease Foundation (TDF) is a legal entity with a transparent financial system and management capacity to carry out activities of CCM approved proposals. As such, the TDF has been named PR to receive and manage the funds in behalf of the Global Fund. This involves financial management and administration of the program including receipt and disbursement of funds to program implementing sub-recipients (SRs), management of a procurement system, and the submission of regular financial and programmatic progress reports to the Global Fund and CCM.

The Technical Working Group (TWG) for each component assists the PR and provides the programmatic and scientific direction of the Program. The TWG is headed by the Director of the Infectious Disease Office (IDO) and is comprised of Technical Advisers on the three diseases and the implementing SRs for each disease component.

From the public sector, the implementing SRs for tuberculosis are the Department of Health through its National TB program, the Malaria Control Program, the National AIDS/STD Prevention and Control Program, and the various Local Government Units (LGUs). Private partners are Philippine Coalition against Tuberculosis (PhilCAT) and World Vision Development Foundation for Tuberculosis, and for HIV/AIDS the Philippine NGO Council on Population, Helath and Welfare (PNGOC).

In August 2005, the GF projects on TB and Malaria were approved for Phase II implementation, consisting of funding support for years 3 to 5 of the respective projects; and in August 2006, the Phase II application of the GF project on HIV/AIDS was likewise approved.

The Philippine CCM applications in response to the Round 5 call for proposals on AIDS, TB, and Malaria were all approved. The TDF was the elected PR for the AIDS and TB projects:

- 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
- Scaling up and enhancement of NTP in Philippines

and the Pilipinas Shell Foundation, Inc. was the elected PR of the Round 5 Malaria :

- Bolstering and sustaining proven and innovative interventions in malaria control through corporate-public partnership.

More recently, in response to the Round 6 call for proposals, the Philippine applications for Malaria and AIDS/HIV were approved and are presently in negotiation for grant signing. The Tropical Disease Foundation and the Department of Health were elected as Principal Recipients for the two projects, respectively:

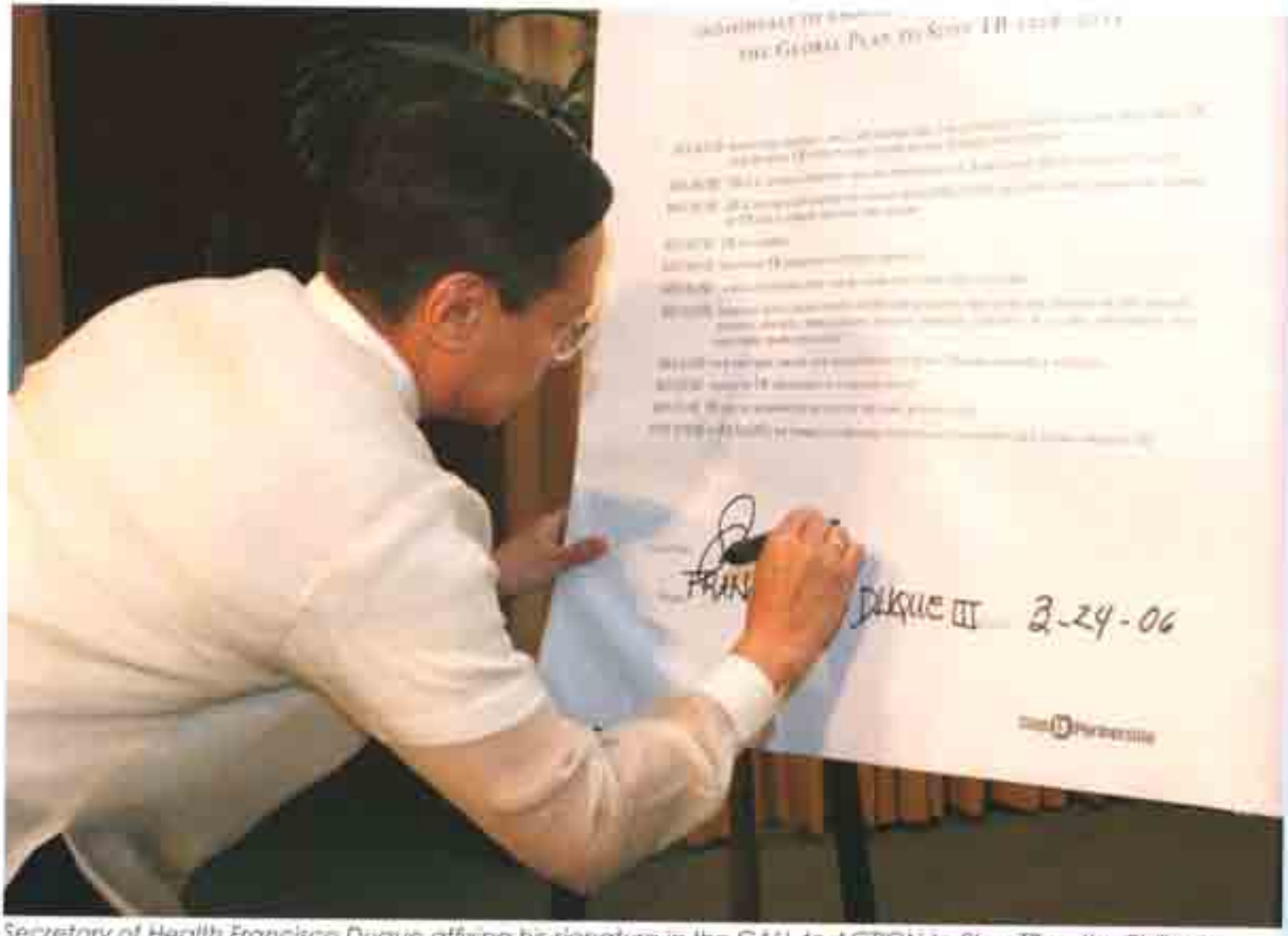
- An Intensified strengthening of local response and health systems to consolidate the gains in malaria control in rural Philippines through public private partnership
- Scaling Up HIV Prevention, Treatment, Care and Support Through Enhanced Voluntary Counseling and Testing and Improved Blood Safety

The Principal Recipients coordinate with the Global Fund Portfolio Manager who was initially Ms. Sandil Lwin from 2003-2005, and is currently Mr. Oren Ginzburg. The Local Fund Agent for the GF projects is the ISLA Lipana & Co., a member firm of Pricewaterhouse Cooper.

THE PHILIPPINE PARTNERSHIP TO FIGHT TUBERCULOSIS, MALARIA AND AIDS

The Philippine Partnership to fight Tuberculosis, Malaria and AIDS, (PPTMA) is a public private partnership of stakeholders in the Philippines involved and committed to the control and prevention of these three diseases of public health importance. The first forum of the PPATM was held in conjunction with the International Congress of Chemotherapy in June 5, 2005 at the Philippine International Convention Center (PICC). The keynote address was given by the newly appointed Secretary of Health, Dr. Francisco Duque III, marking the event his maiden public appearance as Secretary of the Department of Health.

A formal feedback of the gains made in the implementation of the Philippine project on TB, Malaria, and AIDS funded by the Global Fund to fight AIDS, TB and Malaria (GFATM) since July 2003 was made in the forum. This was followed by the formal nomination of members of the Country Coordinating Mechanism.



Secretary of Health Francisco Duque affixing his signature in the CALL to ACTION to Stop TB as the Philippine commitment to the Global Plan 2

The occasion was graced by the presence of the Working group chairmen of the Stop TB Partnership including Dr. Giorgio Roscino of the New Diagnostics, Dr. Thelma E. Tupasi of Multi-drug Resistant TB, Dr. Maria Freiri of New Drugs, and Dr. Gijs Elzinga for TB/HIV working group.

The Launch of the Global Plan to Stop TB 2006-2015

As part of the commemoration of the World TB Day in the Philippines, the PPTMA met once again at the PICC on 24 March 2006 to launch the Global Plan to Stop TB 2006-2015 (Global Plan 2).

The Global Plan 2 is the assessment of the action and resources needed to implement the "Stop TB" strategy, to make an impact on the global TB burden and to reduce by half the TB prevalence and TB deaths by 2015. This is aligned with Millennium Development Goal No. 6, which aims to reduce the prevalence and deaths from tuberculosis as compared to the data in 1990 by half in 2015, and to eliminate TB as a global public health problem by 2050. It also aims to significantly decrease the incidence of HIV/AIDS, malaria and other infectious diseases

Call to Action

The launch was aimed to gain advocacy for the support of TB Control in the Philippines by all stakeholders and to obtain their commitment and support of THE CALL TO ACTION to stop TB. During the forum, the stakeholders, led by the Secretary of Health, Dr. Francisco Duque III signed the Call. This included more than 500 delegates of 75 organizations that pledged their support and commitment including 5 from public and 56 from private sectors and 24 agencies including those from the United Nations and bilateral development partners in the Philippines

Election of Members of the Country Coordinating Mechanism

In keeping with GFATM guidelines on election of members in the CCM, members were elected from among those nominated by the various private sectors during the Forum held in PICC.

Nomination and election is by constituency and these include: Non-government organizations, (NGO), Faith-based organizations (FBO), People living with the disease (PWLD), Private for profit and Corporate foundations, and the Academe. Nomination and election have to be held in an open and transparent manner, overseen by the duly designated election committee of the CCM.

During the March 24, 2006 Forum, a mechanism for election was formulated by the committee to include on-site casting of votes and on-line voting from March 27-29, 2007, for stakeholders who were not present at the Forum. A total of 44 votes were cast including 20 from private corporations and foundations, 10 from NGOs, 9 from the academe and 5 from FBOs.

Elected members of the CCM were three NGOs: Kasangga Mo ang Langit Foundation, Remedios AIDS Foundation, World Family of Good People Foundation, one Prviate organization: The Philippine College of Chest Physicians, one from the Academe: Association of Philippine Medical Colleges, one FBO: Couples for Christ – Gawad Kalusugan . The elected members were formally announced in May 9, 2006 at the CCM meeting and were invited to attend the next CCM meeting.

Global Fund Projects:
Tuberculosis Component

Accelerating the Response to TB in the Philippines: A multi-pronged approach

Year 3 Accomplishment Report

August 2005 - July 2006

Guided by the experiences in the past, the implementation of the Global Fund TB project in the Philippines is multi-faceted. The involvement of various partners and implementers indicates this fact.

Improvement in Quality Service

The project intends to increase the case detection rate for the estimated TB cases (all types) from 58% in 2003 to 88% in 2008 and cure at least 85% of new smear positive TB cases. This is done through enhancement of DOTS in the public sector by working towards the improvement of service quality through capability building. The Infectious Disease Office TB Control Unit of the Department of Health (IDO-DOH) is the principal agency tasked to ensure that this is carried through.

In line with a major policy change in the TB program of shifting from Single Dose Formulation (SDF) to Fixed Dose Combination (FDC), 98 training courses were conducted nationwide at the onset of the project implementation. Additional 31 training activities (including training on DOTS, training on Revised NTP Manual of Procedures, Laboratory Management course, External Quality Assurance course etc.) followed thereafter, which were conducted in the whole country. The said training activities resulted in the following:

People trained:

- **141 medical technologists** were trained as trainers on External Quality Assurance (EQA)
- **17 medical technologists** and/or microscopists were trained on laboratory management.
- **170 NTP hospital-based point persons** were trained in year 3, bringing the total to 374 service deliverers trained on hospital-based NTP DOTS
- **48 regional trainers** were trained on the revised Manual of Procedures. This figure accounts for 91% of all the Regional NTP Coordinators of the country.

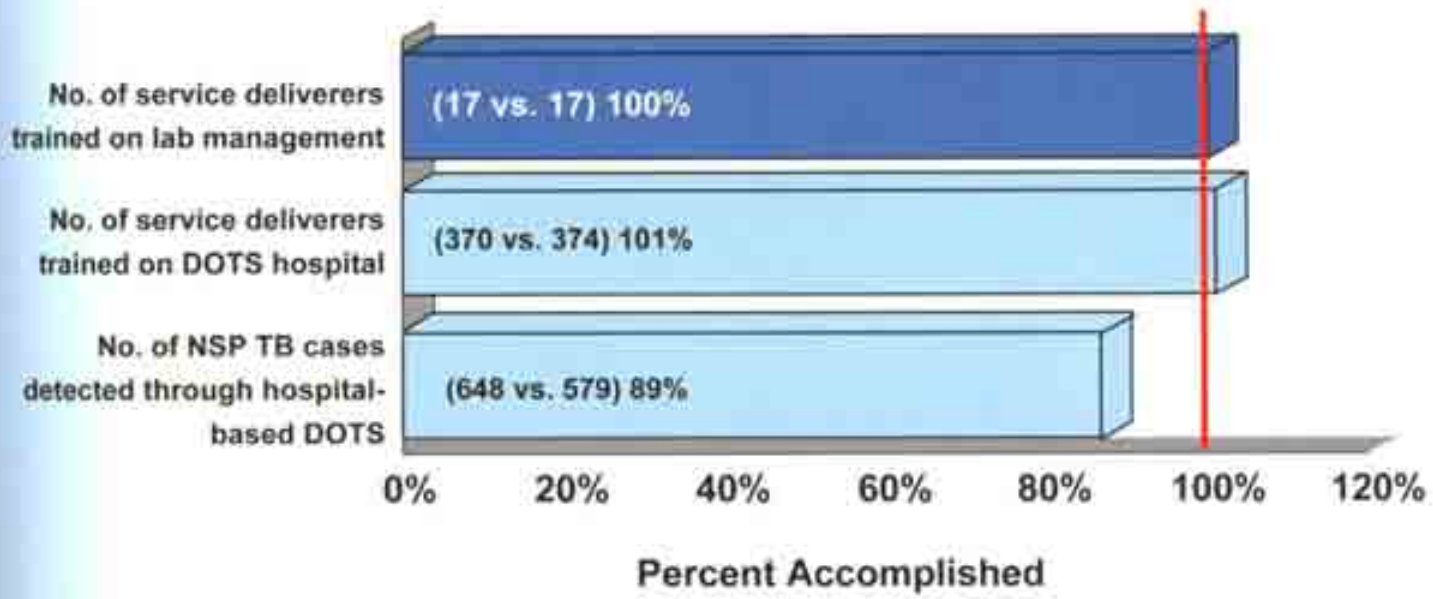
The above figures relate only to those directly supported by the project grant. There were other training activities, formal or informal it may be, that resulted to capacity building of some other service deliverers.

The culmination of each training activity is not the end of it all. Service deliverers trained were expected to return back to their posts and deliver needed TB services. The project design was not able to incorporate a mechanism of directly measuring whether quality of service improved as an effect of the capacity building sessions. As a surrogate, the number of people reached was counted. For the period ending July 2006:

People reached:

- **579** new smear positive TB cases were detected by the DOTS-trained hospital facilities
- **80,639** new smear positive TB cases were detected under DOTS in all reporting health facilities
- **135,487** TB cases (all types) were detected under DOTS

Figure 1.1 Improvement in Quality of DOTS Services
August 2005 - July 2006



Commodities distributed:

- **2,000** copies of Fixed Dose Combination (FDC) Manual for Doctors and Nurses were produced and distributed nationwide.
- **1,500** copies of FDC Manual for Midwives and Volunteer Health Workers as treatment partners were produced and distributed nationwide.

Service points supported:

- As part of the effort to support existing health facilities, several activities were conducted by the IDO-DOH. The Program Implementation Review (PIR) conducted in February 2005 was attended by all the 16 Centers for Health Development offices and the Autonomous Region for Muslim Mindanao regional health office. Simultaneous to the PIR was the conduct of the Laboratory Management Course (LMC) participated in by regional medical technologists. The LMC provided the venue for technical discussions and planning related to laboratory services and quality assurance concerns in DOTS implementation. This also served as the venue for the implementing units to present EQA activities in each respective region. A joint program evaluation review for government and private hospitals involved in DOTS was also conducted. This was in line with the implementation of the Comprehensive and Unified Policy (CUP) on DOTS.

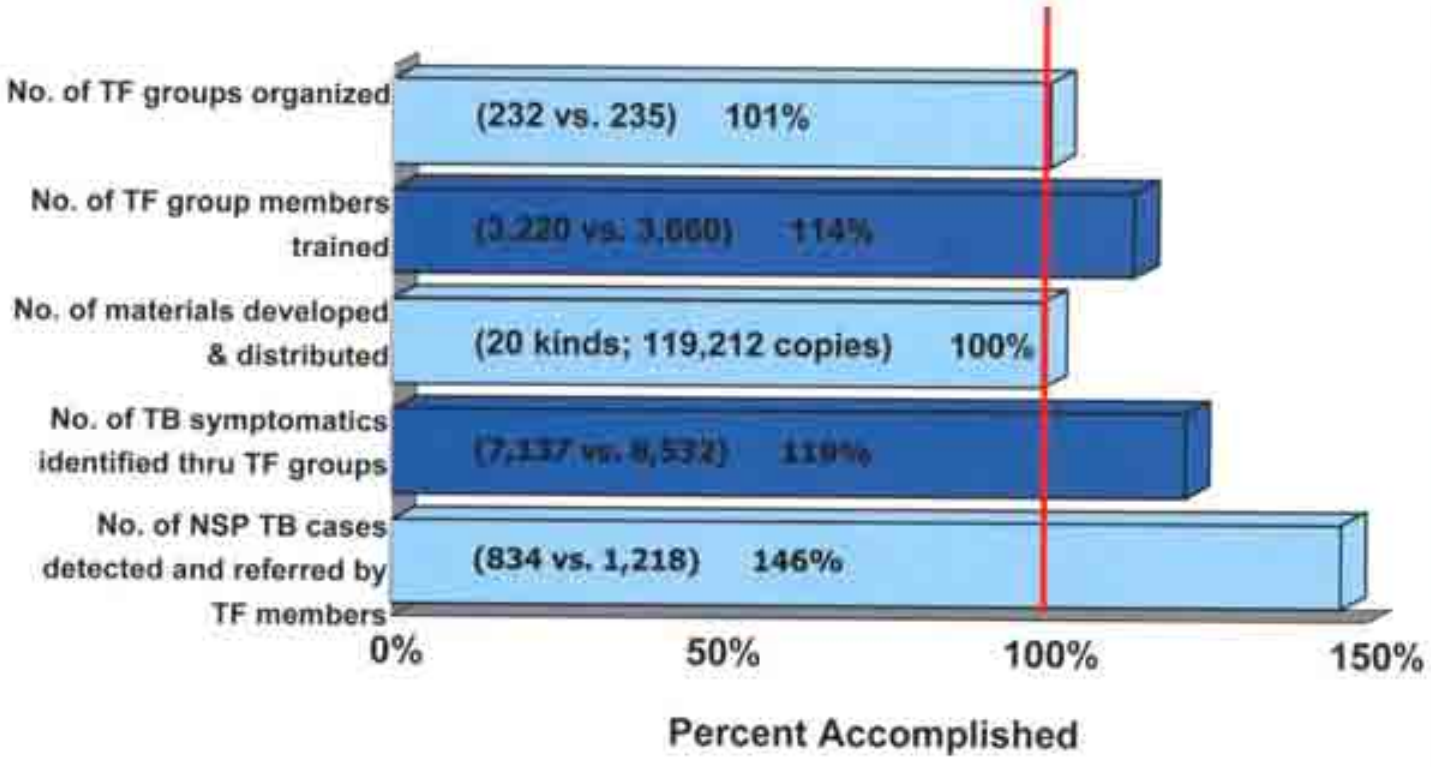
Increasing Demand for Quality Service through Social Mobilization and Advocacy

The availability of trained service deliverers is but a part of the initiative of increasing case detection and cure rates. Utilization of these services is another thing. It is in this light that World Vision Development Foundation (WVDF) through its Social Mobilization on Tuberculosis Project (SMT) organized Task Force (TF) groups at the community level. TF members are community volunteers coming from different sectors of the community with an active participation and support of the local officials tasked primarily to do advocacy, case-finding and case-holding. These volunteers were trained (1) on identification of TB symptomatics, (2) to refer TB symptomatic patients to public health facilities for consultation or diagnosis, (3) to advocate for TB awareness in their community, and (4) to act as treatment partners to TB patients, to increase demand for Directly Observed Treatment Short Course (DOTS) services. Area development projects in these communities undertake workshops on organizational development, fund-raising strategies, and other capacity building activities that empower their role and functions as TF groups. With the spirit of volunteerism, they are the "walking activists" with willingness and commitment to fight the disease.

People trained:

- **3,660** community volunteers (TF group members) were trained on DOTS. The figure is 14% above the target for the period ending July 2006.
- **1,197** service providers were trained in year 3 on community organizing, microscopy and other related activities, refresher courses on DOTS, etc. These training activities, although not explicit in the original plan, were done by the TF groups in consideration of the needs identified during project implementation.

Figure 1.2 Advocacy and Community Mobilization
August 2005 - July 2006



A two-day exhibit in Quality Mall and Island City Mall in Bohol province showcasing some of the initiatives of WVDF, the sub-recipient for the Social Mobilization and Advocacy component of the Global Fund project. Microscopy booths were put up in strategic areas for shoppers to have a view of the TB bacteria. Film viewing, group discussions and trivia quizzes were conducted as well for mall shoppers.

People reached:

- **8,532** TB symptomatics were identified and referred to health facilities for management. This is 19% above the target set for the period.
- **1,218** new smear positive TB cases were initiated on treatment. This is 46% higher than what was originally planned for the project to contribute.

Commodities distributed:

- **20** kinds of advocacy materials were developed and distributed
- **119,212** copies of materials were distributed in the 5 provinces and 6 cities
  - 7,523 posters and primers
  - 1,316 DOTS orientation videos
  - 105,501 comics and brochures
  - 4,870 billboards and flipcharts
  - 2 TB mascots

Service points supported:

- **213** barangays covering 1,066,654 population in 5 provinces and 6 cities
- **235** task force groups were organized compared to the target of 232

The third year proved to be a momentous period for the TB task force groups. Butuan City Task Force Federation Chairman Leonardo Bayotas represented WVDF in a luncheon symposium during the annual Convention of the Philippine Coalition Against Tuberculosis. This is the first time that a TB task force member was invited as a guest speaker in a large gathering of professionals working on TB. The year was also filled with observational visits and study tours from various international partners. These included delegates from the World Health Organization, GFATM projects in Cambodia and WVDF Mongolia.

The awareness and advocacy campaigns being conducted by the implementers of SMT were featured in various newspaper articles. Such advocacy campaigns even ran as banner stories in The Well Being section of the Manila Bulletin as well as in WVDF's News Vision. TF groups' activities were also featured in the Gold Star Daily News, Mindanao Gold Star Daily in Cagayan De Oro City, Palawan Times, and Palawan Life of Palawan province.

Increasing Demand for Quality Service through Public Private Mix DOTS

As one of the sub-recipients of the GFATM project, the Philippine Coalition Against Tuberculosis (PhilCAT), a broad-based coalition of organizations is committed to the prevention, control and elimination of TB through policy advocacy, project management, and in engaging private referring physicians in the fight against tuberculosis.

People trained:

- Capacity building activities in PPMDs were focused on developing competencies and capabilities of core staffs and key implementers. Over the last 3 years of the project, **1,218** service deliverers were trained in various workshops and training activities. In year 3 alone, a total of **720** private referring physicians were trained to become DOTS service providers. In addition, **800** private referring physicians were trained in sputum microscopy or on directly observed treatment.
- DOTS Providers Training for physicians & nurses (81) and medical technologists (42).

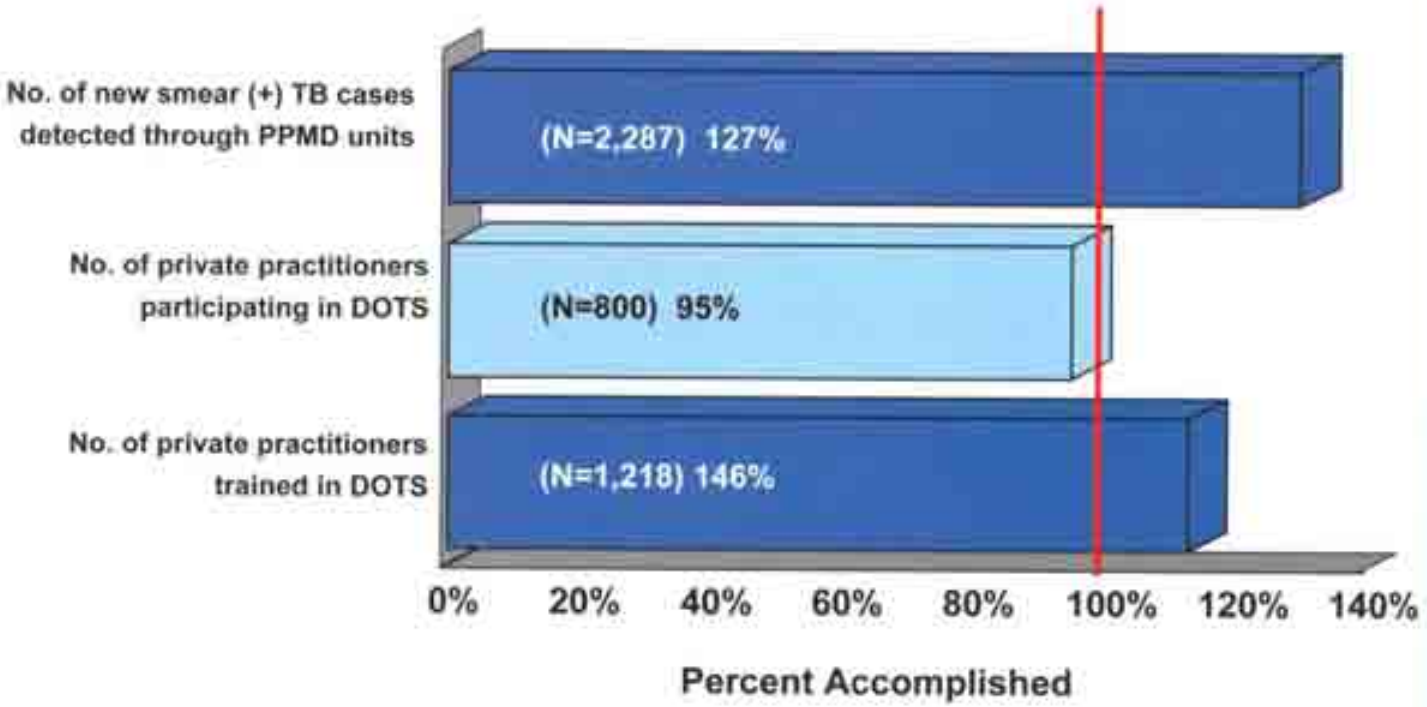
People reached:

- A total of **2,287** new smear positive TB cases were detected through the private referring physicians of the PPMD units. This is 27% higher compared to the target set when the project was conceptualized.
- For the quarter ending July 2006, cases enrolled for treatment and handled by the PPMD units posted a 92% success rate (245/266)

Commodities distributed:

- **14,500** TB kits were procured and distributed to PPMD units.

Figure 1.3 Engaging Practitioners in TB Control Through PPMD
August 2005 - July 2006



Participants of a PPMD workshop working on "generating local government support and fostering involvement of the private sector". Activities such as this form part of the Program Implementation Review conducted annually by the Philippine Coalition Against Tuberculosis together with all PPMD units established under the Global Fund Project.

Service points supported:

- Central and Regional Planning Workshops were conducted to guide key implementers in planning PPMD activities. Eighty advocacy symposia were conducted nationwide by PPMD units to promote TB DOTS services. These planning workshops and advocacy symposia have facilitated the installation of additional 8 Regional Coordinating Committees (RCCs) and 42 PPMD units in year 3 alone. For the period ending July 2006, a total of **87** service delivery points were supported (of which, 70 are PPMD units).
- Through the project, 5 local TB coalitions (LTBC) were formed in year 3 with technical assistance of RCCs and Centers for Health Developments (CHD). LTBCs are sort of local chapters of the national coalition (PhilCAT). These are group of individuals, institutions and organizations that agree to work together to address the TB problem in their locale. LTBCs have helped raise awareness about PPMD and its services among private practitioners in the community. During the 3 years of project implementation a total of **12** LTBCs were formed.
- To facilitate diagnosis and treatment of TB cases other than through detection of smear positive sputum, formation of TB Diagnostics Committee (TBDC) was made a requirement. As of the period ending July 2006, a total of **67** TBDCs were formed.

Mainstreaming MDR-TB Management in the National Tuberculosis Program

Efforts to integrate MDR-TB management to the Philippines' National TB Program (NTP) have been underway, expanding implementation from the pilot phase. This was the basis for Round 5 planning of the GFATM proposal where the focus of expansion would be Metro Manila and Region VII. The government sector has been involved in the management of MDR-TB since 2004 through the health centers who continue to manage MDR-TB patients decentralized from the Makati Medical Center DOTS Clinic, the Kabalikat sa Kalusugan (KASAKA) Housing Facility and the Lung Center of the Philippines (LCP). A comparative study showed that treatment outcomes were quite promising when MDRTB services are nearer where the patients are. The cure rate of decentralized patients was 84% vs. 54% among those who remained facility-based all throughout treatment. The default rate, on the other hand is 6.3% in the former vs. 25% in the latter underscoring the fact that community-based treatment is more effective (Mira, et al. 2006 International Journal of Tuberculosis and Lung Dis.).

People reached

- **632** MDRTB cases detected
- **358** Cases enrolled
- **1215** household contacts traced

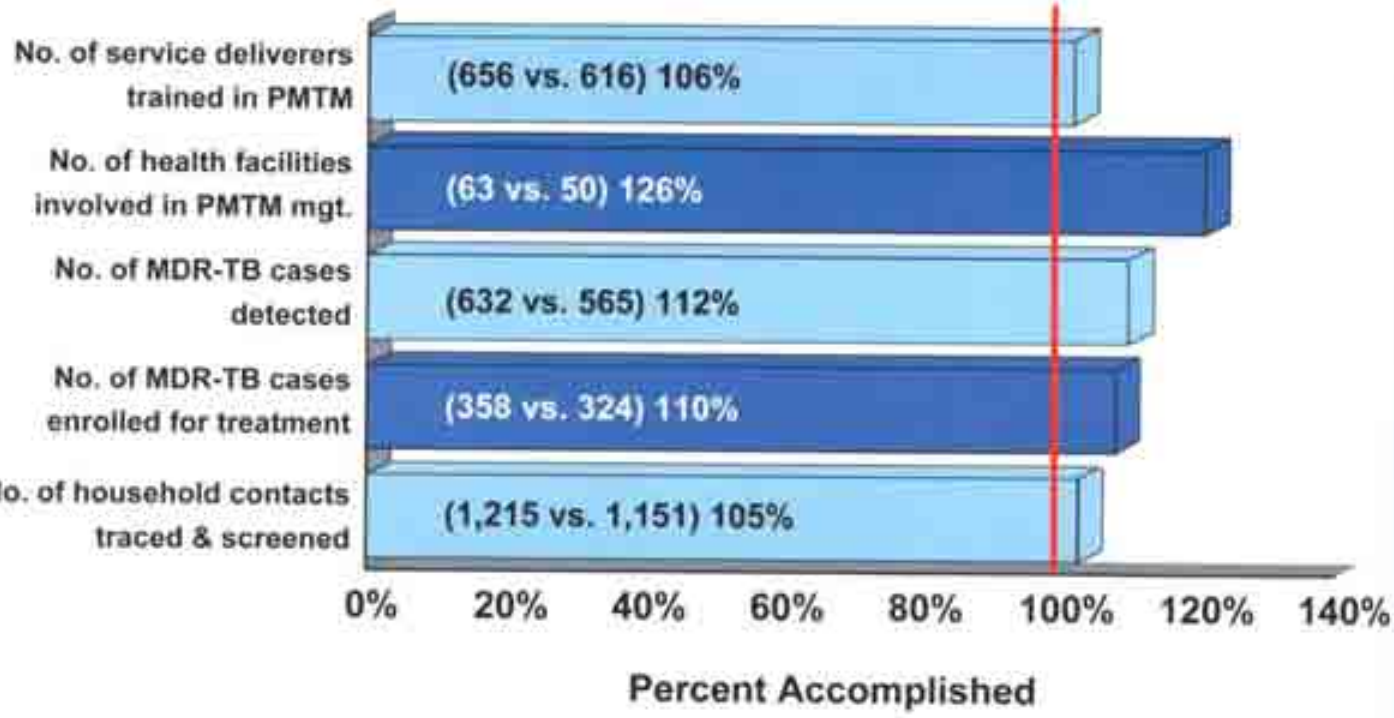
People trained

- **656** trainees in PMTM

Service points supported

- **63** health facilities participating in PMTM
- **3** treatment centers established

Figure 1.4 Detection and Treatment of MDR-TB Cases
August 2005 - July 2006



ATIMONAN MODEL. The vacant lot of a private hospital in Quezon is being utilized as a public garden, where the sale of its produce help provide additional financial resources for TB patients. A true testament to community based TB care providing support for TB patients through social mobilization and patient empowerment.

Through major undertakings, Programatic MDR-TB Management (PMTM) has been able to meet its targets and prepare for further expansion particularly in Round 5 of the GFATM. These activities were made possible through additional support from partners like the WHO, CDC, and local partners.

1. Capacity building:

1.1 Visit to Peru:

- September 12 to 23, 2005: 2 TDF staff and a NTP point person went to Lima, Peru to observe an MDR-TB program that is integrated into the NTP. This program was initiated by an NGO called Socios en Salud in Lima. The visit was funded by the CDC Cooperative Agreement and the WPRO. Insights on programmatic MDR-TB Management were gained that will be helpful in the mainstreaming of the two strategies in the Philippines.

1.2 Technical assistance on Community Mobilization:

- Dr. Giuliano Gargioni, WHO technical consultant on community involvement in DOTS-Plus, Ms. Lana Velebit, of WHO Stop TB Department, and Ted Torfoss, from the STOP TB Partnership, visited in March 2006 to learn lessons and best practices of community participation in TB control as part of a global review, and to gain insights on patient involvement.

1.3 Success story and best practice on Community Mobilization

- The "Atimonan model" showed that a rural health unit in a small town in Quezon

Province in Region IVA "true" social mobilization is possible. Two of four MDR-TB patients had serious financial problems for whom the community moved to help through little initiatives like the Mayor raising money to send the patients for diagnosis and initial treatment in TDF; the RHU mobilizing people to collect resources, a private hospital allowing its vacant lot to be used as a public garden available to patients supervised by the barangay captain.

- Cured patients were motivated to be involved when encouraged by health workers; TB and MDR-TB patients' organizations give patients a wider role in TB control.

1.4 Technical Assistance on Drug Management

- Ms. Fabienne Jouberton, Procurement Officer for the Global Drug Facility (GDF) visited on June 26 to 29, 2006 to provide technical assistance on Second-line Drug (SLD) Management as part of the Green Light Committee (GLC) Seventh Monitoring Visit. Participants were CHD-MM and CHD-VII, the NTP and TDF. Discussions included initial plans and recommendations on the scale-up focusing on drug management

2. Partnership building

Advocacy Symposium on PMTM among LGUs in Metro Manila:

- 17 local government units (LGUs) in MM and the CHD-MM, the NTP and partners participated in this symposium which highlighted lessons learned and expected challenges in the expansion, and clarified issues related to the implementation of MDR-TB management.
- Output was a Draft of the Memorandum of Understanding incorporating inputs from partners during this symposium.

3. Program Review and Evaluation

3.1 First Program Review of PMTM Implementation in the Philippines:

- On June 1, 2006, project partners shared experiences in PMTM implementation, identifying challenges and successes with recommendations for a more efficient scale up.

3.2 Seventh GLC Monitoring Visit:

- GLC Chair Dr. Peter Cegielski of the CDC, Dr. Michael Voniatis, Medical Officer, TB, WHO – Philippines and Dr. Philippe Glaziou, Medical Officer, WHO – WPRO, made this monitoring visit on March 20 to 22, 2006. GLC report by Dr. Cegielski read: "I wish all DOTS-Plus projects were run as well as this one; they responded to all GLC recommendations decisively and assiduously. This project could well be a model for Asia (and elsewhere!) and another possible training site, much like Latvia has been. In the context of global scale-up, more capacity for training professional and support staff is needed."
- The main recommendations pertained to:
  - acceleration of quality-assured laboratory capacity for DST by the National TB Reference Laboratory (NTRL)
  - staff compensation and retention
  - replication of the consilium
  - "hotline" to continue supporting trained medical and public health professionals
  - continuation of expansion in DOTS-Plus treatment delivery locations
  - expansion of access to diagnostic laboratory services by rapid courier services rather (or in addition to) establishment of more laboratories
  - capacity building for training through videoconferencing and telemedicine-type approaches
  - capacity building for clinical, epidemiological, and operational research through training and collaboration with CDC, academic institutions, and other partners.
  - training on 2nd-line DST.

4. Program enhancement

4.1 Creation of Internal Consilium:

The consilium is composed of a team of TDF clinicians and program management staff that serves to standardize MDR-TB case management among project physicians utilizing consensus decisions based on WHO guidelines for drug-resistant TB. Weekly meetings are held to discuss patients for enrolment; for regimen change in the continuation phase, because of adverse events or changes in

PMTM: Delegates from the Peoples' Republic of China (PRC) and Vietnam take a tour around laboratory facilities of the Tropical Disease Foundation paying heed to the successful strides of the Programmatic MDR-TB Management Project in the fight against Multidrug Resistant Tuberculosis.

drug susceptibility pattern and treatment outcome, management of failures, defaulters' co-infections and complications.

4.2 Creation of Psychosocial Team:
This is composed of a team of an experienced clinical psychologist, a social scientist and a nurse to address the effects of a lingering illness such as ostracism, rejection, abandonment, hopelessness, depression, etc. Weekly psychotherapeutic sessions are conducted in KASAKA at the Quezon Institute. This is expected to have an impact on the reduction of the default rate of patients.

PMTM in the Philippines welcomes delegates from other countries

Visit from Chinese and Vietnamese delegates

Delegates from the Peoples' Republic of China sent a delegation of 13 technical staff to TDFI in November 2005 to learn how PMTM is being implemented in a private-initiated Public – Private Mix DOTS (PPMD) unit in a setting with limited resources like the Philippines. In December 2005, a group of five Vietnamese delegates also visited the PMTM project.

SALAMAT GALING KAY MARIO

The 1990s were good years for me. I had lots of money, friends and good fun. This included smoking alcoholic drinks and long parties.

Then, in 1999, I found out that the reason for my obstinate cough was tuberculosis (TB). This was somehow a shock, but anyway, there were drugs that were prescribed to me. However, I did not realise the importance of full adherence to treatment. And due to my busy schedule, I often forgot to take the drugs regularly.

Still, I felt better. However, the TB within me did not surrender. I kept on falling sick, and after some courses of treatment I considered myself a kind of expert: I knew which anti-TB drugs to take. But I was not aware of DOT (Directly Observed Treatment)

It became increasingly obvious that these drugs no longer worked. By early 2003, I had severe back pains, excruciating cough and obvious weight loss. The brutal truth came out: I was harbouring the multidrug-resistant tuberculosis (MDR-TB) bacilli.

At least I now knew what the problem was, and with my rather large financial resources, I thought to myself "a cure should be found."

In the DOTS clinic at the Makati Medical Center (MMC), I was told that there exists a treatment program for MDR-TB cases but due to severely limited funds the waiting list was very long. And the drugs that I needed were not available in the local drugstores. The staff of the DOTS clinic at MMC assisted me in acquiring the drugs from other countries. But this was a very slow process. My cough was a constant torture, and the alternative medicines I took gave only limited relief.

In between I lost hope: I remember well the day I went to the manager of a cemetery to buy a beautiful and expensive burial plot for myself. This purchase gave me some sense of comfort. I also wanted to buy a magnificent coffin, but by then I was too weak to act.

The day came when I could finally start treatment of my MDR-TB. However I was physically and emotionally ran down, and the rather severe side effects (fear of light, dizziness, depression, insomnia, severe stomach pain) made treatment hard, especially in the beginning. Add to this the fact that my partying friends and even my family stayed away from me. Only my maids stayed with me.

Due to the side effects of the medication, I was often tempted to interrupt or even cease treatment. But the few people around me and the co-patients in the clinic where I had to go every day (except on Sundays) gave me the strength to go on. It was also good to see an increasing number of fellow MDR-TB patients in the clinic who could start the crucial treatment even when they had no resources at all thanks to the assistance of the Global Fund project.

After 18 long months, I have successfully completed treatment. Today I am back living a normal life, and my travel agency has been keeping me busy.

Global Fund Projects:
Malaria Component

Malaria case management to increase the proportion of febrile patients receiving prompt and appropriate diagnosis and treatment

Year 3 Accomplishment Report
August 2005 - July 2006

The Malaria Component of the Global Fund aims to provide better access to malaria diagnosis and treatment to the rural poor in malaria endemic areas in the Philippines by assisting the local government units in improving technical capability and mobilizing resources for diagnosis and treatment.

To achieve this goal, the program provided training to medical practitioners, ensured the availability of diagnostic tools, drugs and laboratory supplies, and encouraged the public to use these health facilities.

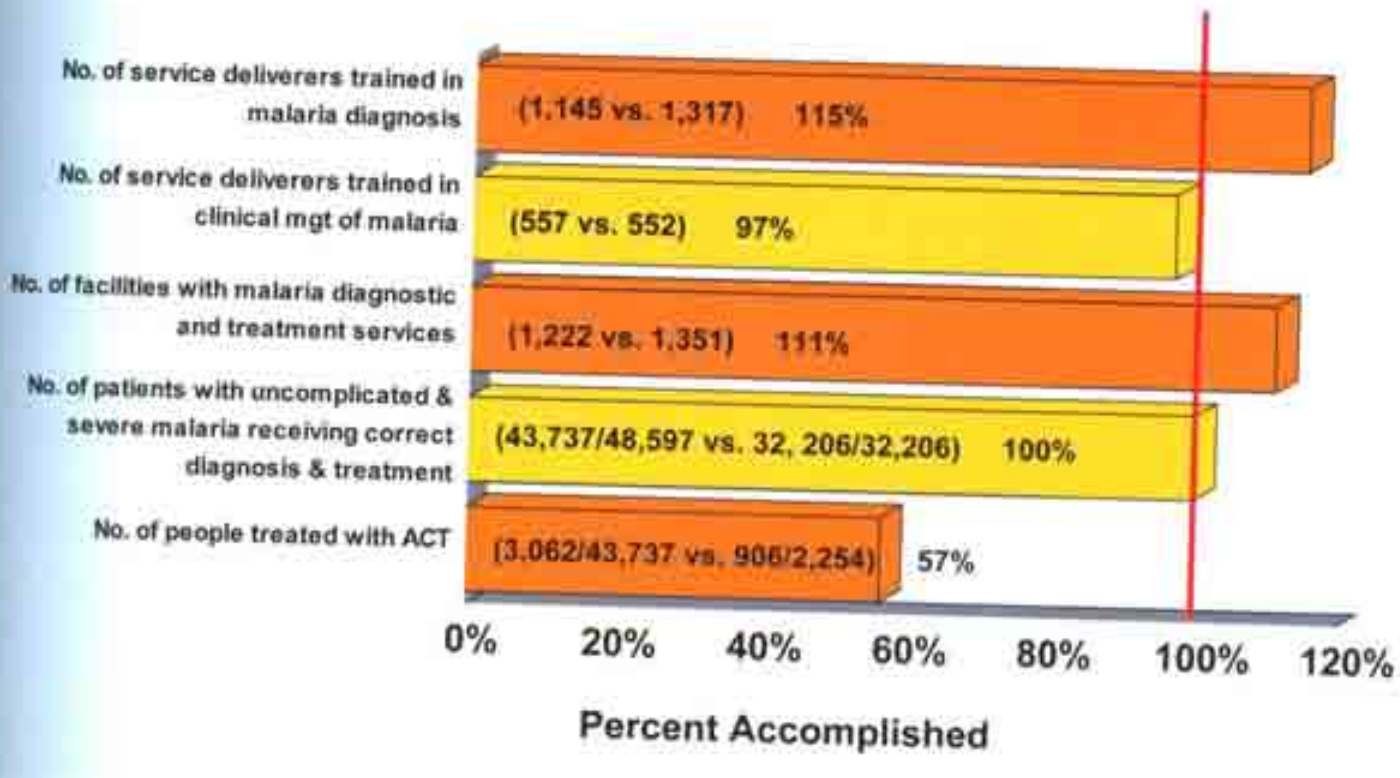
In its first year, the program began implementation in 11 provinces (August 2003 to July 2004). It then expanded to provide service to 15 more provinces in its second year (August 2004 to July 2005), to cover a total of 26 provinces.

After the training of microscopists and distribution of commodities during the first year, health facilities became functional diagnostic and treatment centers on the second year.

Statistics show a favorable forecast, with half of the first batch of provinces already reaching their targets. The downward trend in malaria morbidity will be assured only if diagnostic and treatment services continue to be made available to communities at risk.

Provincial staff guesting in an FM radio show briefly talks about collaborative efforts for Malaria Control in Tawi-Ta

Figure 2.1 Effective Anti-malarial Treatment
August 2003 -July 2006



Accomplishments

In its early years the Malaria Component of the GFATM program is already showing signs of success. These numbers will tell you just that.

People Trained

Diagnostics

- **390** medical and laboratory technologists underwent a two-week training course on basic malaria microscopy
  - 319 representatives from Rural Health Units (RHUs) and main health centers at the municipal level attended this training course including 83 medical technologists who were hired for RHUs where there were none
  - 71 hospital medical technologists from district and provincial hospitals, the Provincial Health Office (PHO), and the provincial health team office were trained in the third year of the project
- 268 Barangay Health Workers (BHWs) were trained to become barangay malaria microscopists (BMMs)
- **659** volunteer health workers were trained on Rapid Diagnostic Tests (RDT) to bring the services down to the barangays. More BHWs were trained by local government units on their own initiative bringing the number to **1,002**. Barangay malaria microscopists were trained for 35 days while RDT volunteer health workers went through one and a half days training.

Malaria Case Management

- **340** RHU and PHO staff were trained on Basic Malaria Management and given orientation on the national policy on chemotherapy
- **158** medical doctors and hospital staff were trained on severe malaria management
- **54** nurses and midwives were trained on the national guidelines for malaria chemotheraphy

Commodities distributed

Malaria Case Management

- **537** microscopes have been procured by the project
- **493** of these microscopes have already been distributed to RHUs and barangay microscopy centers. The remaining microscopes have been allotted for the barangay malaria microscopists of Palawan who will complete the refresher course on Malaria microscopy and the validators who will pass the proficiency assessment.
- **135,925** Rapid Diagnostic Tests were provided to the test sites
- **PhP 11.5 M** worth of first (chloroquine, sulfadoxine pyrimethamine and primaquine), second (Coartem) and third line (quinine ampules and tablets) drugs were distributed to health facilities whose health service providers were trained by the Global Fund as well as in facilities where health staff have previously undergone similar trainings given by other projects
- **PhP 33 M** worth of laboratory supplies were also distributed

Service points supported:

- **1,351** health facilities have malaria diagnostic and treatment services. These include:
  - 273 RHUs and City Health Offices,
  - 407 BMMCs (including existing 292 in Palawan where some have undergone refreshers under the GF project),
  - 585 functional RDT sites, and
  - 86 district and provincial hospitals.

The establishment of microscopy centers (both at the Rural Health Units and the remote villages) and RDT sites has contributed to increased case finding in the 26 project provinces of the Global Fund Malaria Project. Despite slight variations in the malaria prevalence of these provinces across time, it can still be concluded that having these diagnostic and treatment facilities has facilitated the validation of the actual malaria situation.

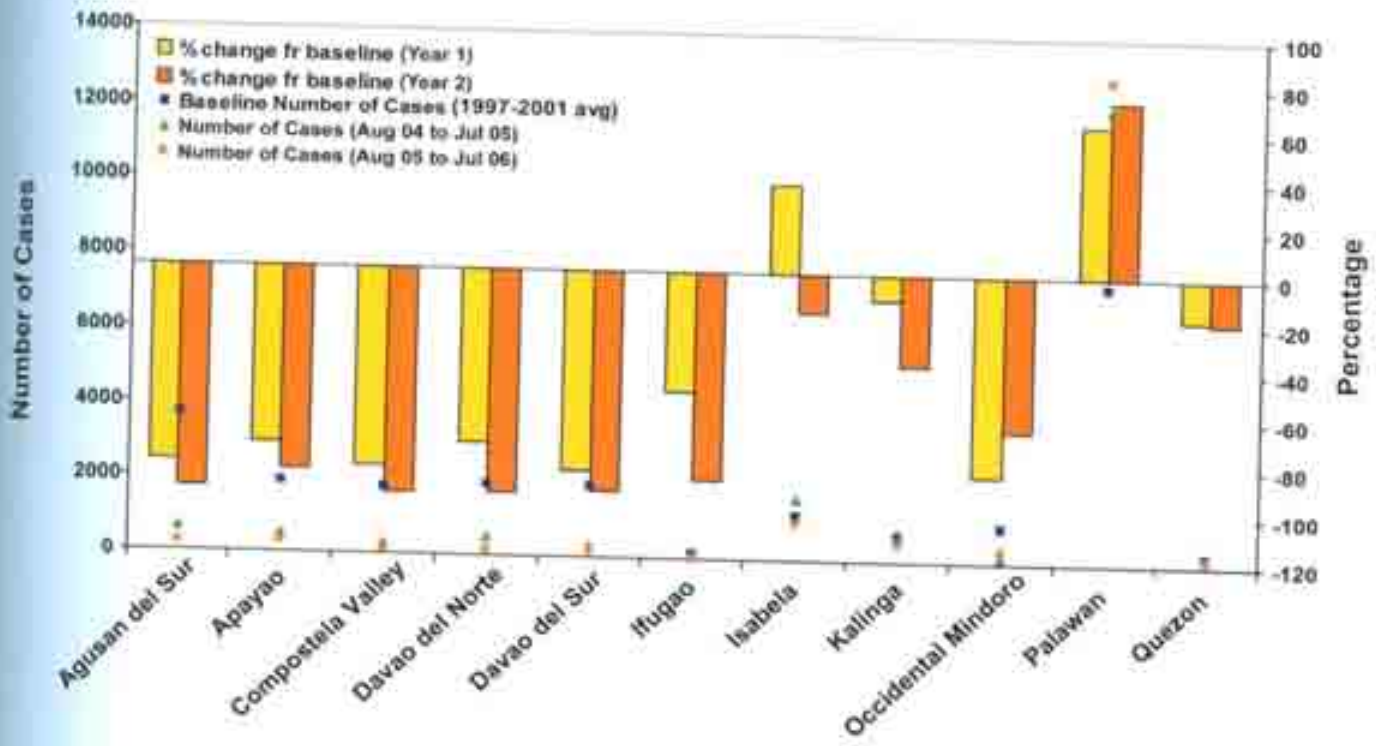
People Reached

Malaria Case Management

- **48,289** patients with uncomplicated malaria have been diagnosed out of the 500,189 patients examined in the health facilities from August 2004 to July 2006.
- **12** of the 26 provinces covered by the program reported an increase in the number of patients tested for malaria in Year 3 of the project compared to the baseline five-year average. This resulted from an increased awareness of the availability of diagnostic and treatment facilities locally.
- Overall, there has been a decline in the number of patients tested for malaria. Based on the algorithm, only patients with signs and symptoms of malaria should be tested. The effect of complimentary interventions like use of insecticide-treated nets and indoor residual spraying may have contributed to the improvement of the malaria situation, hence, the decline in the number of patients needing to be tested.

The Rural Health Units managed the majority of the patients but this was expanded with the establishment of malaria microscopy centers in RHUs. As people become more aware of the presence of the village malaria microscopy centers and realized the advantages of consulting there instead of going all the way to the main health center, there is now an increasing number of patients being diagnosed and treated in these facilities. In most of the first batch of 11 provinces, the proportion of people consulting in barangay malaria microscopy centers have increased from the first year to the second year. People have said that they believe in the capacity of their village microscopists to diagnose and that they appreciate that the results are immediately known and, more importantly, that drugs are available once they are diagnosed to have malaria.

Figure 2.2 Percentage change in the number of cases among provinces that started implementation in Year 1



The contribution of RDT sites to case-finding ranges from 0 in Ifugao to as high as 56% in Zamboanga del Sur. In majority of the provinces, however, contribution is less than 20%. There are also a number of RDT sites where reports are not available. Because of the criteria that the RDT sites be located in areas at least three hours away from the nearest microscopy center or health center, the difficulty of retrieving reports is inherent. Furthermore, there is no additional compensation given by the project and there is little support for travel expenses given by LGU to the volunteers who are at the RDT sites. The Round 6 malaria project aims to strengthen the health systems in the LGU in order to sustain the gains obtained from Round 2 project.

A significant reduction in the number of cases is already evident in the first batch of 11 provinces with only Palawan, which is the most endemic, remaining to be high in the third year of project implementation. The second batch of 15 provinces now show evidence of improved case-finding as a result of the trainings and supported by the necessary logistics for the provision of services. Bukidnon, the province that used to have the lowest API among the 26 now shows the true picture of malaria because of improved case detection.

Vector control to reduce malaria transmission

Appropriate vector control measures are employed as complementary strategies to malaria case management for the control of malaria transmission.

In 26 provinces, the use of insecticide-treated nets is the major means of vector control. Nets are treated by the community members themselves or by the distribution team which is composed of staff from the Rural Health Unit, the Provincial

Health Office, the Provincial Health Team Office and the GF project team. The volunteer health workers also play a major role in the distribution of bed nets and in indoor residual spraying (IRS) as a complementary vector control strategy. Based on TWG guidelines on Vector Control, IRS is done only during outbreaks or when cases are increasing beyond normal levels.

People Trained

- **13** Rural Sanitary Inspectors (RSI) and other staff of the Rural Health Units (RHUs) were trained on Epidemic Management and Vector Control

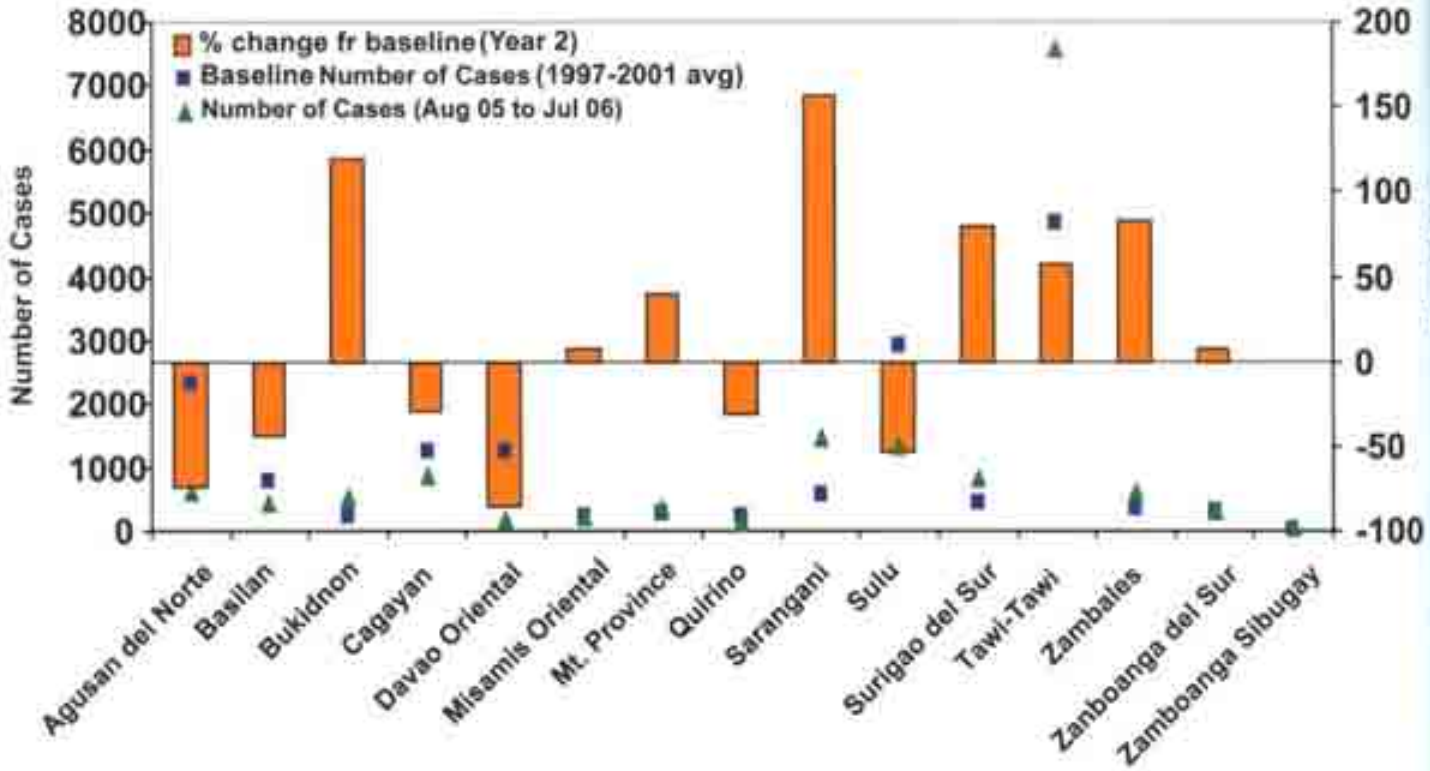
Commodities distributed

- **463,600** nets were distributed to 26 provinces by the end of the third year of project implementation. Distribution still followed the three-tiered scheme but priority areas were the main focus. In order to facilitate transmission control, top 3-5 municipalities were identified by most provinces and target site for distribution were the top three barangay in these municipalities.
- In Year 3, there were more nets distributed under full or heavy subsidy. To help increase coverage, the counterpart contributions of the communities and local government units (LGUs) were added to the Revolving Funds which were then used to purchase more bed nets.
- **PhP 2,375,784** worth of nets, insecticides and first-line drugs were procured by the provinces in the third year.

Service points supported:

- Zonal stockpiles for epidemic response were established in the following Centers for Health Development (CHD): II, IV, IX, and XI. These were equipped with spray cans, insecticides, first- to third-line drugs and RDT kits. Both GF supported and non-GF supported provinces within the said regions may avail of the

Figure 2.3 Percentage change in the number of cases among provinces that started implementation in Year 2



Barangay Health Workers in Apayao promote use of mosquito nets during Malaria Awareness Day

commodities following guidelines of the Technical Working Group.

People reached

- **78.3%** of target families were given bednets
- **181,161** out of 145,806 (124%) of bednets underwent insecticide retreatment—an improvement from the previous year. Retreatment included the GF nets distributed in previous distribution cycles and the old nets owned by the community members. The augmentation of insecticides from the Centers for Health Development (CHDs) and the World Health Organization (WHO) has contributed significantly in surpassing the target.
- **78%** of households own at least one bednet, according to the Bednet Utilization Survey conducted among 13 provinces
- **53%**, however, own an insecticide-treated net. This may be due to the fact that the project was able to provide less nets than what was actually needed by the target population. As a remedial measure, target barangays and municipalities were prioritized to ensure that populations most at risk for malaria would be covered adequately.
- **3,782** houses were sprayed across provinces. This is 19% of the target for IRS for the year. The low output is due to the delay in delivery of the insecticides for spraying.

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

Strengthening the capability of Management Committees to plan and implement community-based malaria control activities is the focus for Year 3. At this stage, it is expected that not only should management committees be organized in all levels, but most importantly, that they take the lead in policy development and decision making, as well as in the implementation and monitoring of action plans.

Project ownership of Local Government Units through the absorption and support of project hired personnel and budget allocation for malaria related activities is another milestone for the year. Active participation of community-organized groups, leadership structures and community members in malaria control is the essence of a genuine community-based malaria control program.

A comprehensive IEC package reaching out to the broadest audience as much as possible is a strategic objective expected in the year 3 implementation.

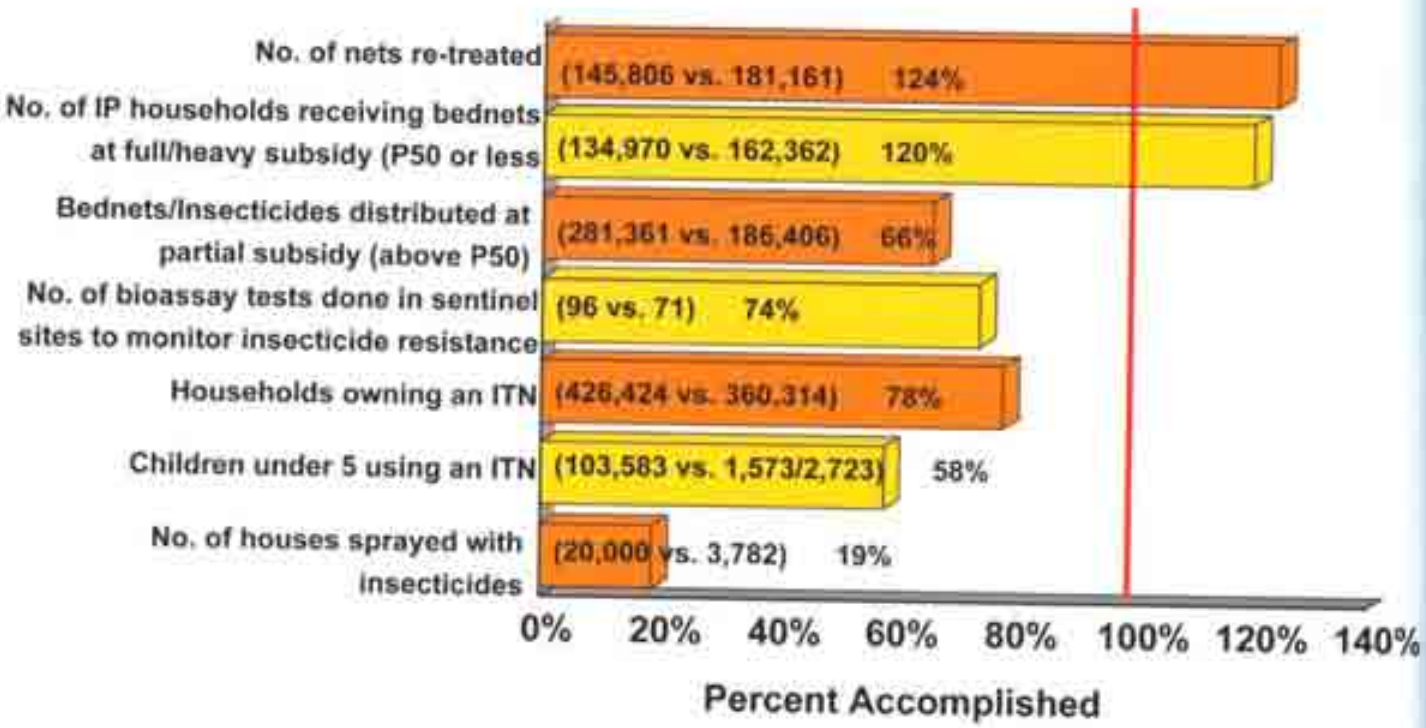
People trained

- **1,689** Personal Sellers (Malaria Advocates) were trained to conduct health education at the household and community level
- **541** of these malaria advocates were trained through local initiatives from the Provincial Health Office. These volunteers were part of the team facilitating social mobilization activities.
- **114** Community Organizers underwent the Basic Course on Sustainability and Community Organizing.

Commodities/IEC materials distributed

- **44,604** IEC materials were distributed throughout the 26 provinces. These consist of flyers, leaflets and brochures containing information on signs and symptoms of malaria, where to go

Figure 2.4 Reduction of Malaria Transmission
August 2003 - July 2006



A collaborative campaign for malaria control in the province of Apayao which institutionalized a provincial-based Malaria Awareness Day

to confirm the diagnosis, and treatment and promotion of ITN use. In addition, radio plugs and radio programs also form part of the multimedia campaign

Service points supported

- **25** out of 26 provinces (96.15%) now have functional Provincial Management Committees. As a management structure, this body discusses project implementation guidelines, threshes out related issues and problems and comes up with consensus decisions.
- Partnerships at the barangay level are more active than those at the municipal level with **512** functional Barangay Action Teams/ Committees compared to **122** functional Municipal Action Committees.

People reached

- **4,395** malaria awareness campaigns were conducted in the third year of implementation. During these campaigns, IEC materials were distributed in all endemic areas.
- **734** school-based malaria campaigns were launched
- **1,260** trained malaria advocates were active in IEC campaigns
- **616,013** people were reached by these campaigns
- **25** of the 26 provinces have comprehensive Health Promotion plans. A number of these provinces have legislated malaria awareness month. This is a major inroad of the project in the local legislative system that jump-started a number of IEC activities.

Impact of Social Mobilization Efforts

54.36% of the Medical Technologists and 76.76% of the barangay malaria microscopists trained and hired by the project were absorbed and are being supported by the LGUs from the provincial, municipal and barangay level. The higher proportion of BMMCs absorbed may be attributed to the fact that the cost of supporting them is lower than the salaries needed to retain the medical technologists. More LGUs have actually offered positions to the medical technologists after the one-year support from the project. However, many refused because they found the lower rates unacceptable.

Local Community Organizers (LCOs) and RHU point persons for malaria were designated in the provinces of Surigao del Sur, Davao Oriental, Occidental Mindoro, Isabela, Quirino, Ifugao, and Cagayan. Salaries of the LCOs in Surigao del Sur, Davao Oriental and Occidental Mindoro are being shouldered by the LGUs.

PhP 6.6 million was allocated by the LGUs for malaria related activities. The provincial governments of Surigao del Sur and Davao del Norte have allocated PhP 200,000.00 and PhP 300,000.00 for malaria control respectively. This includes support for the absorbed field health personnel. The barangay LGUs in Kalinga and Misamis Oriental have also provided for the transport allowance of barangay malaria microscopists and RDT BHWs.

Other activities funded from the LGU budgets include launching of barangay malaria microscopy centers (BMMCs), establishment of signages for the BMMCs and RDT sites, support during bednet distribution, reproduction of IEC materials, procurement of first-line drugs and meetings of the barangay Malaria action committees.

All these counterparts illustrate the LGUs' recognition of the importance of taking on the responsibility for the control of malaria.

Monitoring

Philippine Malaria Information System (PhilMIS)

In 2004, the Philippine Malaria Information Syste (PhilMIS) was adopted from the information syste developed by the Agusan del Sur- Aus-AID MC project. Currently the system is being enhanced This was intended to serve as the informatio system for the program. Installation of the syste consists of Standard Operating Guidelines (SOG orientation and software training for the targe users at the provincial, municipal and baranga level.

By the end of July 2006, the following province have been trained on the utilization of PhilMIS software: Apayao: Kalinga: Sarangani: Palawan

This was done in partnership with AusAid-WHO The remaining GF provinces are scheduled fro August 2006 until the first semester of 2007. A provinces were provided with computer syste prior to setting up of the information system.

To date, nine provinces are ready to generate either PhilMIS 1 or 2 reports, while the rest of th provinces with trained users are still building u their databases.

Evaluation and Quality Assurance

Malaria Microscopy

The Quality assurance (QA) system was developed through the technical assistance of the World Health Organization for the malaria microscop training. It aims to:

(1) Improve the overall performance of the microscopists,
(2) Sustain a high level of accuracy. (>90% sensitivity and specificity).
(3) Maintain a systematic reporting of all case at various levels, and
(4) Ensure systematic monitoring of slides procedures, stain and microscopes.

The orientation for the system has already been conducted. The validators will now start visiting the microscopists under their supervision.

Bioassay and Susceptibility tests of insecticides

Bioassay and susceptibility tests were done to evaluate the residual efficacy of KO tabs (Deltamethrin) on GF mosquito nets. Bioassay tests were done in the highly endemic barangay of San Mariano, Isabela. Results showed the relative effectiveness of the insecticide even six months after initial treatment with average mortality of the test mosquitoes for the baseline bioassay test seen at 96% which is much higher than the 80% WHO cut off mortality.

The Bioassay team has recommended that a follow-up bioassay test and KAP survey on the proper care and utilization of treated mosquito nets be done after six months.

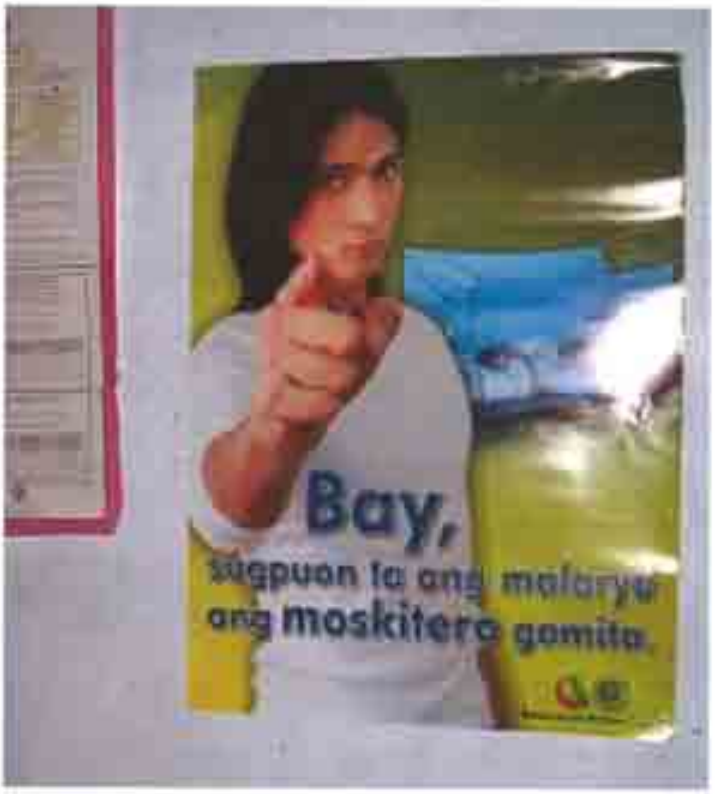
Insecticide susceptibility testing was also done in Agusan del Norte. Results showed that overall 80%.of the mosquitoes died on exposure to the insectide, suggesting that the An. flavirostris from Agusan del Norte are still susceptible to the insecticides including Deltamethrin which is the insecticide used for treating GF nets.

Bednet Utilization

The Bednet Utilization Survey was conducted to monitor and evaluate effectiveness of insecticide treated bednet (ITN) as a vector control strategy. The study assessed coverage in terms of household ownership of and population sleeping under an ITN in representative samples among areas where ITN was distributed.

- 78% of households surveyed owned at least one bednet
- 53% owned an ITN
- 48% of the total population and 54% of children under five slept under an ITN
- 43% of the nets in the surveyed areas were provided by the GF project

It can then be assumed that the number of GF ITNs distributed to the provinces is less than the actual need of each province. Given that resources are limited, it was essential to prioritize and consider endemicity, accessibility, economic activity and mobility of the target populations, in selecting areas for ITN distribution. This was the strategy followed in the third ITN distribution cycle.



The 'Bad Boy of Philippine Movie Industry' supports a worthy cause as he promotes the use of mosquito nets to prevent malaria

Project Implementation Review

- Major project outputs were presented per region. Analysis of factors affecting implementation was done and corresponding recommendations were made. Workshops on enhancing partnerships and reporting system for malaria facilitated the clarification of issues and relevant operational concerns.
- Year-end Assessment and Planning Workshop (NPO): Findings from the data validation as well as all the monitoring and supervisory visits were discussed. Key areas in the performance of the NPO as well as the PMTs were assessed.

Challenges and future directions

- The political will of the local government units is crucial in ensuring the sustainability of malaria control program. Aside from budget allocation, LGU commitment may include the passage of legislation to support diagnosis and treatment, vector control and other malaria control interventions.

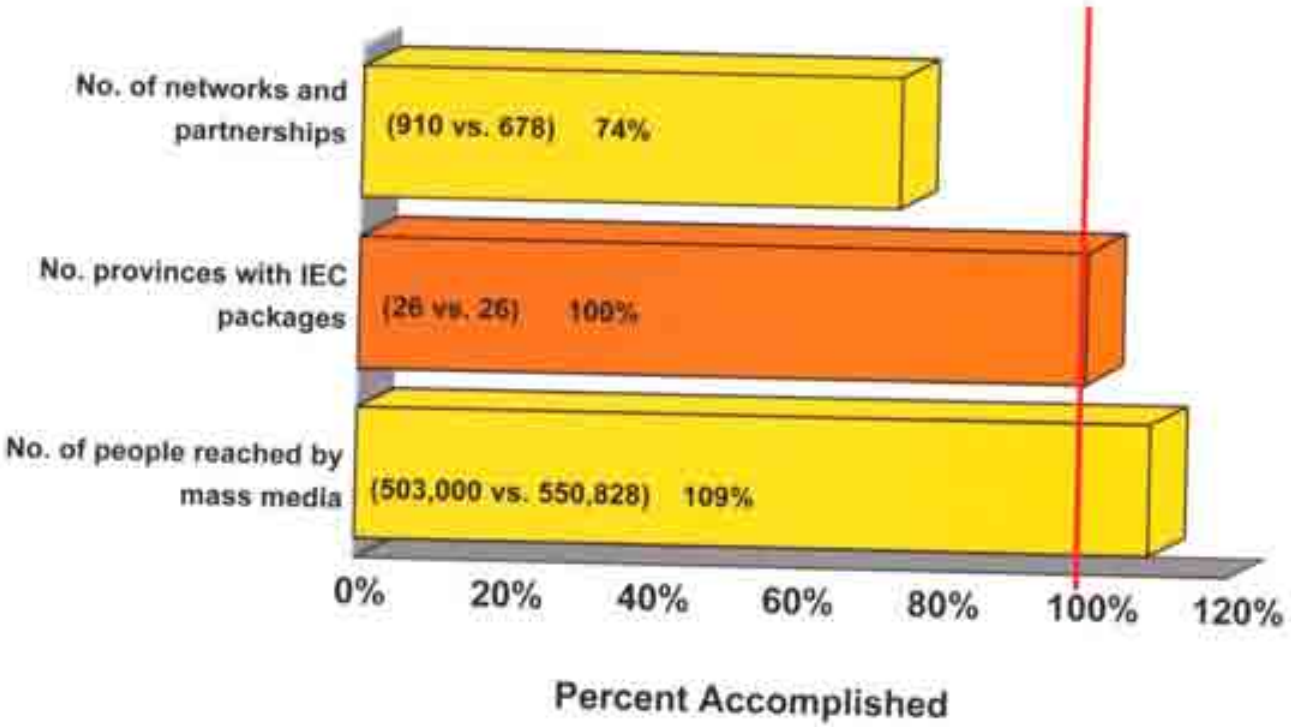
- There is a need to ensure the leadership and active involvement of the municipal health officers and provincial health officers in the establishment of the facilities and in overseeing their operations. The leadership of the health office is essential in ensuring that there is adequacy of supplies, proper documentation of cases, and regular submission of reports. They can lobby for the hiring of trained personnel to the public health service and the allocation of budget for operations.

- The voluntarism and commitment to community service of the barangay malaria microscopists and the volunteer health workers is essential in making services available in hard to reach communities where the indigenous peoples live. Despite the difficult conditions and the lack of adequate remuneration, these health workers continue to provide diagnostic and treatment services. The challenge now is to find more creative ways to motivate and reward the hardworking front-liners to ensure continuous provision of services.

- Obtaining regular reports from all health facilities remains a big challenge. Only 65% of all health facilities providing malaria diagnostic and treatment services submit reports regularly. Logistics support from the LGU, will contribute to the enhanced reporting.

- An assessment of the functionality of the diagnostic and treatment facilities is underway. Guidelines were set to determine which BMMCs should be maintained and which ones should be either closed or converted to RDT sites. This is for the purpose of ensuring cost-effectiveness of operations and maximization of resources.

Figure 2.5 Partnership Development and Behavioral Change
August 2003 - July 2006



- Measures are likewise being taken to improve logistics management as well as the information system. Malaria Control coordinators or point-persons are being designated at the municipal and provincial level to oversee malaria control activities, including the supervision of these diagnostic and treatment services. This is to pave the way for greater ownership of the program by the local implementers.

- The implementation of the three-tiered subsidy scheme for bednet distribution is one of the unique innovations of the project. However, it also poses one of the biggest challenges for the implementers, stakeholders and project staff. The diversity in the cost of the counterparts and strategies in enforcing the scheme necessitated more intensive monitoring. Proper accounting of all collections and expenditures was one of the difficulties but was facilitated through clear guidelines, procedures and reporting forms.

- Although rates have improved for the third year of implementation, net retreatment remains a challenge for the implementers. This is particularly true for the retreatment of the GF nets previously treated and given in the initial cycles. Many of the target communities live in far-flung barangays and it is difficult to have them assemble in one common venue. The knowledge and attitude of target groups regarding net retreatment should be further looked into so that suitable strategies can be developed to convince them to have their nets retreated.

- Distribution of ITNs will continue in the coming year. Although the quantities procured are limited, improvement in coverage in selected focus areas will be the main approach. This will be complemented by IRS in villages which will not attain the minimum 80% ITN coverage. IEC will be further intensified to promote ITN use, retreatment of nets and proper care.

The first two years of the project implementation focused on the establishment of malaria health facilities in the community level and strengthening of partnerships through participatory planning with project implementers. The former laid down the necessary foundation for functional microscopy centers by way of training and hiring personnel to operate the facilities and provision of laboratory supplies and malarial drugs. The latter put in place the first step towards project ownership of partners through absorption of personnel and allocation of funds for MCP by the LGUs.

Full MCP integration to the local health care system will be the strategic objective for the remainder of the second phase. The target outcome is for LGUs to run their own malaria control program, with funding support from both the government and the private sectors. This will ensure the sustainability of the gains of the first phase.

Malaria School-on-the-Air in Agusan del Norte

Reaching out to the public

By Dr. Mercedes Atupan, Carlos Clase and Marisol Tuso
(Provincial Health Office of Agusan del Norte)

It pays to really know and understand your target audience.

These words sum up the success that the community organizers of Agusan del Norte and Butuan City have been reaping for its School-on-the-Air (SOA) for Malaria education campaign that seeks to promote awareness on malaria prevention and control in order to influence people's behavior.

The organizers employed a distance education method, through radio, because most residents of these communities rely on it for information.

Registration of enrollees was facilitated by the midwives and community organizers. There were 219 enrollees from 24 barangays in eight municipalities and one city.

The number of enrollees and the cell phone texters who participated in the discussions proved that the program has reached a diversified audience in a wide area of coverage.

The enrollees' profile provided information on the most appropriate strategies to be used for the program. The hour-long program was aired every Saturday and started with a review of the previous lesson.

A long test was given to students after every main topic. Answer sheets were collected through the RHU staff or were submitted directly to the Project Management Office.

Lectures were also presented in drama form to provide listeners with a clearer picture of the impact of malaria on people's lives. Plugs featuring information on malaria prevention and control were aired seven to nine times daily to complement the SOA throughout its three-month run.

Students also had practical application of what they learned from the modules on Communication and Personal Selling by promoting bednet use and other malaria prevention measures in at least ten houses. The Barangay Health Workers certified the project reports of the students.

Although only 68 out of 219 enrollees completed the requirements for the program, these graduates of the SOA for malaria education are now new partners of the Department of Health, Provincial Health Office and Butuan City Health Office in malaria advocacy, having been organized into Malaria Brigades in their respective municipalities. They facilitate IEC activities in preparation for bednet distribution and retreatment, and do regular house-to-house campaign.

Unity in Sarangani:

Public-private partnership for sustainable malaria control

By Dr. Antonio Yasana
Provincial Health Officer

It started with the challenge of mobilizing resources to fill the gap of at least 20,000 bednets required to control the transmission of malaria in the top municipalities of Sarangani province. The response was more overwhelming with the establishment of a private-public partnership and the raising of PhP 260,000 to procure additional nets.

To achieve this, the provincial government, through the Provincial Health Office (PHO), invited civil society organizations, non-government organization and even employees cooperatives to a Donors' Forum to present the need and how they can be involved in the efforts to bring down malaria morbidity and mortality.

Follow-up meetings resulted in mobilization of at least nine private sector organizations, including one private company (Coca-Cola) and contribution of these partners to IEC campaigns and bednet treatment and retreatment.

TAN-GenSan (Transparency Accountability Network-General Santos) adopted the barangays of Zion and New La Union, Maitum and Barangay Tablao of Kiamba.

This project was done in partnership with the Mahintana Foundation, funded by the Peace and Equity Foundation. A Community Organizer was sponsored to facilitate the MCP activities. As a result, there is now 100% ITN coverage in the 275 families within the three barangays.

Global Fund Projects:
HIV/AIDS Component

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

Year 3 Accomplishment Report

August 2005 - July 2006

The GF HIV/AIDS project aims 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. This will be achieved through two objectives: (1) to improve behavior change communication and STI management among vulnerable and poor population such as people in prostitution (PIPs), men having sex with men (MSMs), and migrant workers (MWs) in 11 sites out of the 48 identified risk sites and; (2) to scale up voluntary counseling and testing (VCT), support, care and treatment for people living with HIV/AIDS (PHAs) and their families in four (4) geographic areas.

PREVENTION

Improving behavior change communication and STI management

The first objective was carried out by the project through activities such as social mobilization and advocacy campaign to key stakeholders, outreach and education including condom promotion and needles/syringe program, capacity building of service providers and vulnerable groups, improving STI management, and strengthening monitoring and evaluation mechanism.

TREATMENT, CARE AND SUPPORT

Scaling up voluntary counseling and testing (VCT) support, care and treatment for PHAs and their families

The second objective was attained by the project through activities such as the improvement and expansion of voluntary counseling and testing (VCT), development of partnership mechanisms involving Service Providers, PHAs, and key stakeholders, improvement and expansion of clinical services including provision of prophylaxis and treatment for Opportunistic Infections and/or Anti-Retrovirals, and establishment of home and community care.

BROAD ACTIVITIES

A. Prevention

- Social mobilization and advocacy at the national and local levels
- Community outreach and education
- Capacity building of service providers and vulnerable groups
- Improved STI services and surveillance
- Strengthening, monitoring and evaluation of interventions

B. Care and Support

- Improvement and expansion of Voluntary Counseling and Testing (VCT)
- Development of partnership mechanisms for care, treatment and support (PHAs, service providers and key stakeholders)
- Improvement and expansion of clinical services in health facilities
- Establishment of home and community care

IMPLEMENTATION MECHANSIMS

- Partnership with LGUs and other key stakeholders in the project sites
- Subgranting to NGOs and organized PHA communities
- STI diagnosis and treatment services through the Social Hygiene Clinics (SHCs) of local government units (LGUs) in the eleven (11) project sites
- Care and support services provided by the six (6) identified referral hospitals namely San Lazaro Hospital (Metro Manila), Philippine General Hospital (Metro Manila), Research Institute for Tropical Medicine (Muntinlupa City), Ilocos Training and Regional Medical Center (Northern Luzon), Don Vicente Sotto Sr. Memorial Medical Center (Visayas), and Davao Medical Center (Mindanao)

PROJECT SITES

Prevention Sites (11 areas)

Care And Support Centers (4 geographic areas)

IMPLEMENTATION MECHANISM (continued)

A. PREVENTION

BEHAVIOR CHANGE COMMUNICATION

Behavior Change Communication (BCC) is a social process and a tool in dealing with STI-HIV/AIDS issues. It explores the implications of behaviors that will predispose an individual to the risk of STI-HIV/AIDS. With this as the foundation, Service Providers (SPs), Peer Educators (PEs) and Community Health Outreach Workers (CHOWs) were trained on the six (6) steps in BCC to promote and effect the desired behavior change among the four (4) vulnerable and poor populations.

STI CASE MANAGEMENT

Acceptable and effective care made accessible to all clients who have acquired an STI or who have an STI-related concern holds the key for a successful STI-HIV/AIDS prevention and control program. The basic essentials in STI management entail good history taking; thorough and consistent physical examination; accurate laboratory results and proper education of patients towards client satisfaction.

With this as a standard for improved STI Case Management, efforts were geared toward formulating treatment guidelines and conducting appropriate training for health care workers.

People trained

- **1,525** Service providers, peer educators and community health outreach workers from the 11 prevention sites were trained on Behavior Change Communication, Basic STI-HIV/AIDS Prevention Education, Republic Act 8504, and STI Comprehensive Case Management.
- **540** peer educators of NGOs from the 11 sites were trained on STI Counseling.
- **34** people from the Social Hygiene Clinics (SHC) and Centers for Health Development (CHD) were trained on SSESS (Sentinel STI Etiologic Surveillance System) for monitoring of STI cases at the 11 prevention sites.

Figure 3.1 People Trained on Prevention Activities

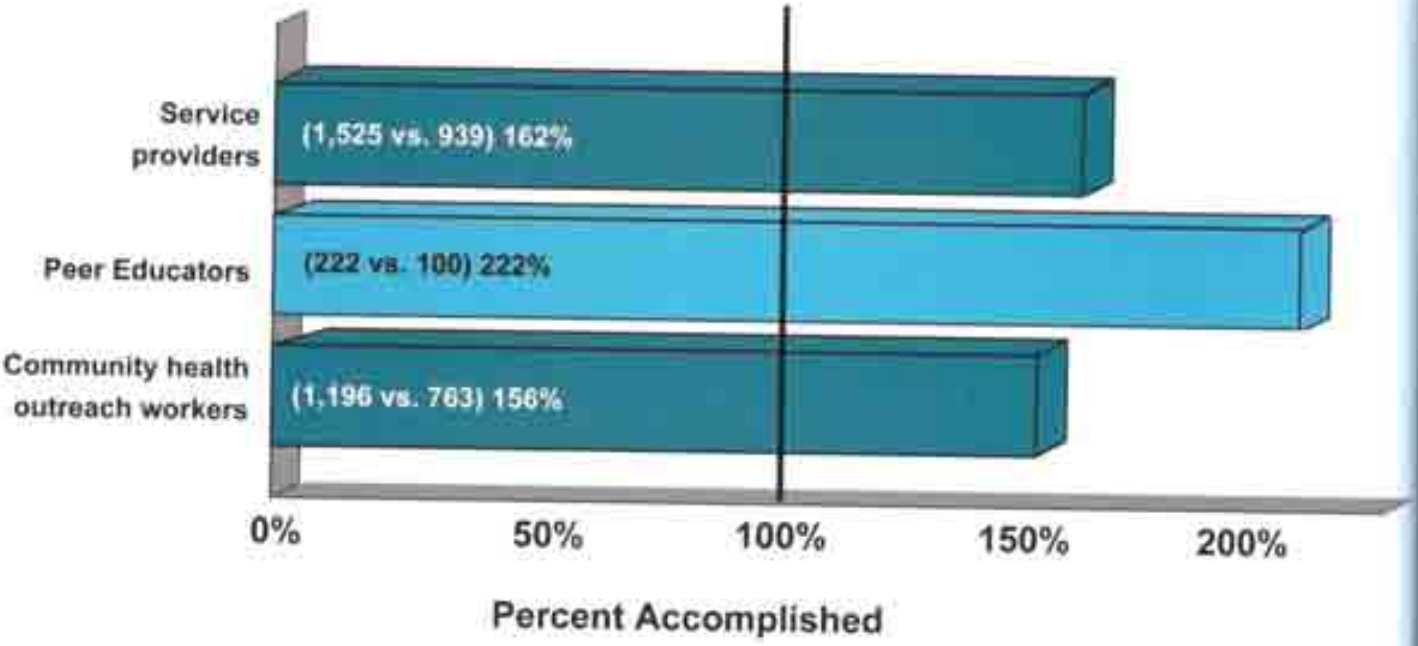
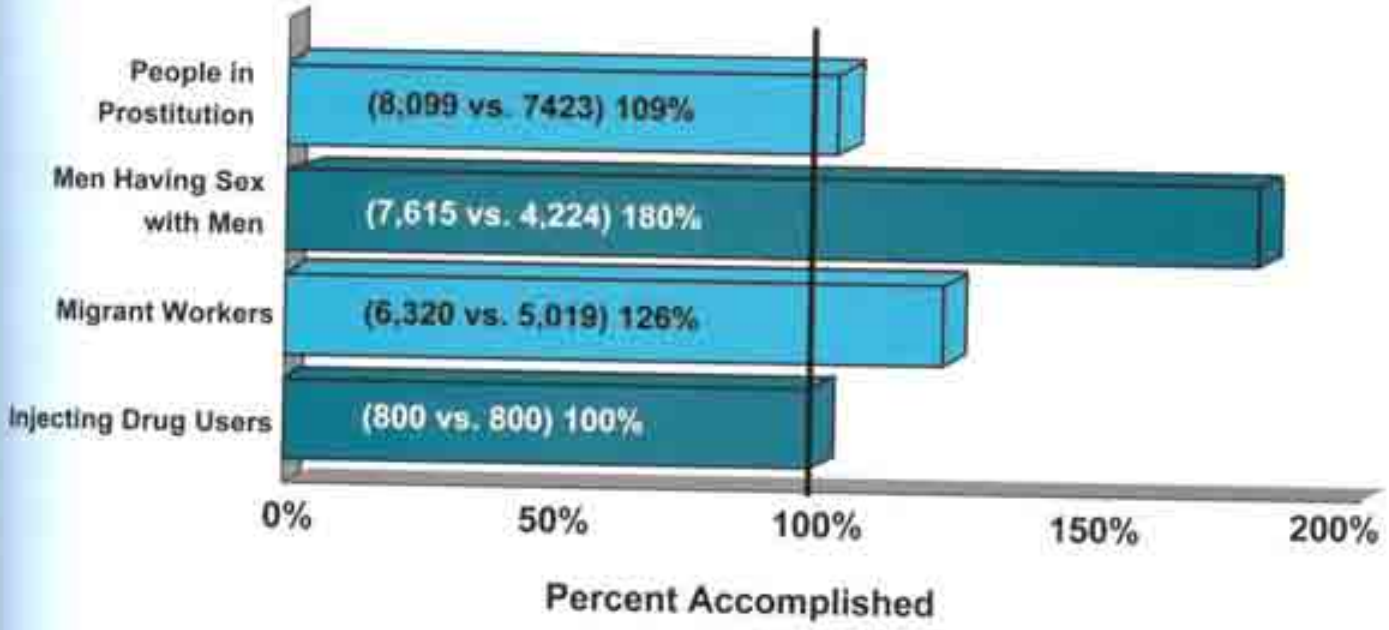


Figure 3.2 People Reached through Prevention Activities



People reached

- **8,099** people in prostitution (PIPs), **7,615** men having sex with men (MSMs), **6,320** migrant workers (MWs) and **800** injecting drug users (IDUs) were reached through education activities conducted by partner NGOs and LGUs
- **166** people living with HIV/AIDS (PLWHA) were given ARVs and drugs for opportunistic infections
- **98%** of people diagnosed to have STIs were given standard STI treatment

Commodities Distributed

- **2,061,326** condoms were distributed during prevention and community outreach activities, World AIDS Day, candle light memorial and other special events conducted by partner NGOs and LGUs.
- STI Drugs such as Metronidazole, Benzathine, Penicillin, Cefixime, Valacyclovir and Azthromycin.
- 39 computers, 17 medicine cabinets, 165 vaginal speculums, 11 sterilizing ovens and 11 microscopes were given to the 17 sites, Regional DOH-Partners and National Line Agencies (DOH-NASPCP, NEC, SACCL, PNAC and DILG)

Service Points Supported

- **11** Social Hygiene Clinics (SHCs) were provided computers, test kits, reagents, laboratory equipment and supplies;
  - with at least two health care providers trained on STI Management,
  - with staff trained on Voluntary Counceling and Testing (VCT)
  - with staff trained on Monitoring and Evaluation (SSESS)

B. TREATMENT, CARE AND SUPPORT

VOLUNTARY COUNSELING AND TESTING

VCT is a confidential communication between a client and a care provider aimed at enabling the client to cope with stress and take personal decisions relating to HIV and AIDS. The counseling process includes the evaluation of personal risk of HIV transmission, facilitation of preventive behavior and evaluation of coping mechanisms when the client is confronted a positive result. Prevention counseling and behavior change can prevent transmission. Counselors need to develop the proper attitude, values and beliefs amidst different cultures and religions. These will have to be obtained through proper training and constant practice.

To facilitate adapting of these skills to eventually scale up VCT services, training on Voluntary Counseling and Testing were provided to staff o Social Hygiene Clinics and Treatment Hubs.

People trained

- **18** people from the treatment hubs wer trained on EMR (Electronic Medical Record for monitoring and clinical managemen of patients given Anti-retrovirals (ARVs) an treatment for Opportunistic Infections (OIs).
- **243** people from the 11 prevention sites, treatment hubs and care and support NGO were trained on Basic Voluntary Counselin and Testing and Adherence Counseling
- **119** health providers were trained on standar precautions by the local government healt unit of San Fernando, Pampanga.
- **93** health providers from the 6 treatment hub and care and support NGOs were trained o HIV/AIDS care and treatment
- **207** affected families and community-base caregivers were trained on home-based car for the chronically ill.

Figure 3.3 People Trained in Treatment, Care and Support Activities

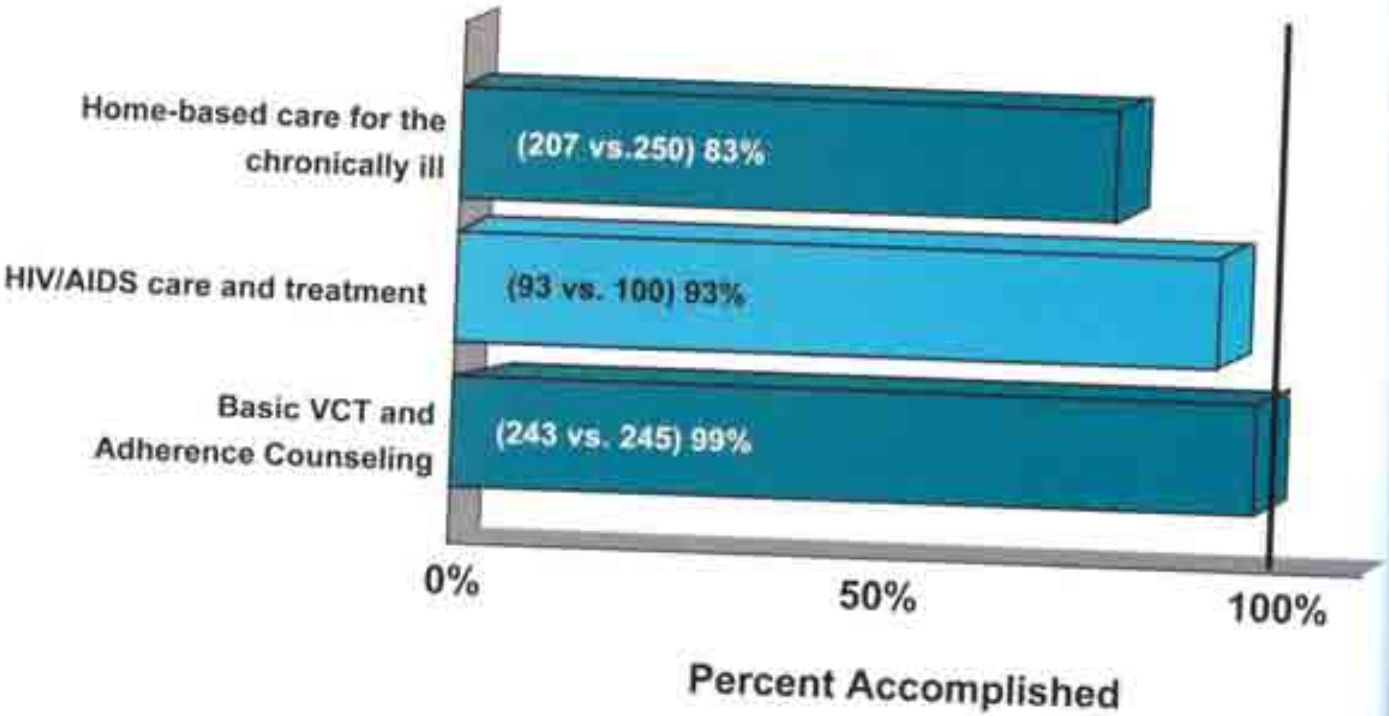
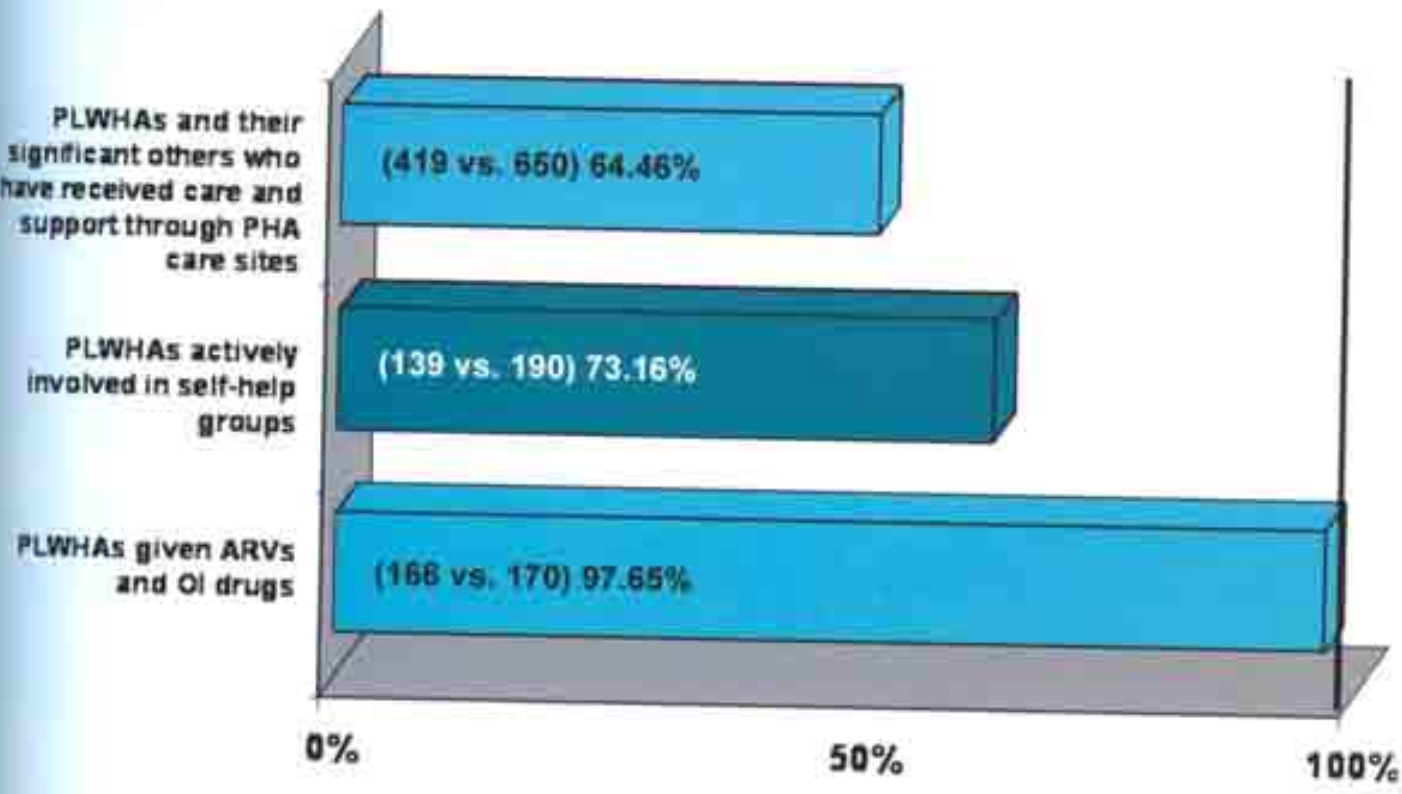


Figure 3.4 People Reached through Treatment, Care and Support Activities



People reached

- **28** HIV+ were referred from VCT sites to treatment hubs for treatment and care
- **324** people received counseling and testing
- **159** received home visits through peer networks
- **419** PLWHAs and their significant others were given care and support through PHA care sites.
- **139** PLWHA were involved in self-help groups

Commodities Distributed

- Anti-Retroviral Drugs (Duovir and Nevimune)
- Drugs for Opportunistic Infection among 17 sites
- Reagents such as HIV test kits, HCV 3.0 Eliza Test, HIV Blot 2.2, HCV Blot 3.0, Murex HbsAG Version 3, BD Macro-Vue TM RPR Card Test, CD4 Reagents Sadium Chloride, Potassium Hydroxide, Gram Staining Kit, ImmunoPrep and CytoStat

Service Points Supported

- 6 Treatment hubs were provided with ARVs and Laboratory equipments
  - with at least two health care providers trained on ARV Treatment
  - with staff trained on Voluntary Counceling and Testing (VCT)
  - with staff trained on Monitoring and Evaluation (EMR)

Other Project Highlights...

Eight local AIDS Ordinance passed in the Local Government Units (LGUs) of Bauang, La Union, San Fernando, Pampanga, Gumaca, Quezon, Tabaco City, Sorsogon City, Matnog, Sorsogon, Mandaue City and Lapu-Lapu City. These cities successfully passed their HIV/AIDS ordiances to ensure sustainability of the project.

449,664 IEC Materials on Prevention produced and distributed. Some of these materials were reprints of old IEC Materials on HIV/AIDS while others were new ones developed for specific purposes such as addressing MSM community, VCT concerns and migrant workers issues.

10, 393 IEC Materials on VCT produced and distributed.

419 people received care and support. People living with HIV/AIDS and their affected families have also been served by the project through the care and supp partner NGOs. There were four hundred ninet (419) PHAs and their families given services such home visits, counseling, referral, medical and livelih assistance.

33 Self-help groups established. These self-help grou were meant to provide support to peers and ot members of the most at risk and vulnerable groups sustain behavior change or improve further their hea and sexual behavior.

Partnerships, which combine efforts and resour among partner NGOs working in the same geographi location has practical and beneficial effects to proje implementation. Activities such as World AIDS Da Candlelight Memorial, and outreach and train activities were conducted jointly in the past two yea These efforts not only created networks but also mobiliz the affected and most vulnerable population.

Participants light the way in HIV/AIDS prevention during the Candle Light Memorial

2005 AIDS Summit held in the City of San Fernando, Pampanga

Best Practices and Success Stories...

Towards the end of Year 2, Local Government Units from the 11 Prevention sites started to initiate their own outreach and prevention activities which were initially supported by the project.

Taking the big leap...
City of San Fernando, Pampanga

The City of San Fernando, Pampanga conducted the following of STI-HIV/AIDS Support Activities, an innovation in a GF project site.

- STI- HIV/ AIDS Round Table Discussion with Media
- RA 8504 Dissemination Forum & STI-HIV/AIDS Seminar
- RA 8504 Dissemination Forum for Medical/ Dental Practitioners
- STI-HIV/AIDS LGU Cluster Summit

Because of ownership of the project and support from San Fernando City local executives, the activities were implemented with minimal financial assistance from the Global Fund Project. It generated support from various stakeholders both from the local and provincial level. Turn-out of participants was very high, consistently exceeding 100% of the targeted participants.

Various stakeholders like medical/dental practitioners and social workers from San Fernando City, Arayat, Mabalacat and other contiguous sites expressed the need to replicate the series of activities in their respective localities. Realizing the limitations of the Global Fund Project, the San Fernando City Local AIDS Council planned to conduct a fund raising concert. Proceeds of the concert will go to the Local AIDS Council Budget to ensure sustainability and continuity of the San Fernando City Health Office STI-HIV/AIDS Support Activities.

Our turn... Mandaue City, Cebu

Mandaue City was one of the 11 prevention sites for the HIV/AIDS Round 3 Project. A local NGO (Bidlisiw) was selected to initiate the outreach, prevention and advocacy activities for the first two years of project implementation. However, due to the decrease in the budget allocation for NGOs for Years 3, 4 and 5, Sub-recipient NGOs had to be streamlined and one of them is Bidlisiw. Seeing this as a challenge rather than a misfortune, the Local AIDS Council (LAC) of Mandaue City absorbed one of the project staff of Bidlisiw and made him the point-person for the LAC Secretariat. The outreach and education activities formerly conducted by the NGO Bidlisiw are now being implemented by the LGU.

Challenges and Future Directions

Greater involvement of Government Organizations (GOs), People Living with HIV/AIDS and key stakeholders, both from the national and local levels, is a very important factor in successful project implementation. Proposals/suggestions most especially from the local levels must be encouraged. Changes brought about by people are more meaningful than imposed ones most especially if project sustainability has to be considered.

In doing advocacy work and in initiating local responses for STI-HIV/AIDS, it is very important for implementers to patiently, continuously and consistently do the ground working activities with religious or faith-based organizations. A very good learning experience happened in Legaspi City, Albay, wherein the Archbishop and religious groups opposed the passing of the HIV/AIDS Ordinance. With this as an experience, advocacy work must be done not only with the political authorities but also with the religious leaders who are very influential at the community level.

RAFted to a better light...

Poverty forced Celso Rivera* to seek employment after graduating from high school. He worked as a floor manager in one of the many bars along the streets of Manila where his life revolved around money. Living an extravagant life, he made unnecessary expenses, played casino during his free time and never cared for his family.

In one of his shifts at work, he was approached by a staff of Remedios AIDS Foundation and he was invited to attend a peer educators training on counseling activities and workshops. After attending the training, he realized that being a peer educator holds major responsibilities and challenges; challenges that even he himself would have a difficult time to overcome.

Questions started to ring in his mind: **"What's in it for him? Will he benefit from being a Peer Educator?"** He already had a job and the training will only interfere with his work. He would rather look for other means of income than attend RAF's outreach activities.

After a year, he realized that money alone did not make his life more meaningful. While it was true that he did not get financial gains by being a volunteer, no amount of money could compensate for the knowledge he was able to gain through the trainings and workshops. And most importantly, he learned to respect himself and earned the respect of the people around him.

Celso is now one of the support staffs of the Remedios AIDS Foundation and a full pledged advocate of HIV/AIDS Prevention among the people involved in prostitution.

*Name was changed to protect the client's identity.

FINANCIAL STATEMENT

TROPICAL DISEASE FOUNDATION

The Global Fund to Fight AIDS, Tuberculosis and Malaria
Philippine Projects

Annual Report 2005-2006

TROPICAL DISEASE FOUNDATION, INC.

(Principal Recipient of Global Fund - Supported Programs)

Consolidated Statement of Cash Receipts and Disbursements
July 31, 2006
(With Comparative Figures for 2005 and 2004)

And

Report of Independent Auditors

TROPICAL DISEASE FOUNDATION, INC.

Makati Medical Center, #2 Amorsolo St.
Makati City 1229, Philippines
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888-8999 loc. 7256 / 7288
Fax: (632) 810-2674

Suite 2002 Medical Plaza Makati
Amorsolo cor. Dela Rosa Sts., Makati City
Tels.: 895-9044, 840-2178, 893-5847
Fax: (63-2) 840-2178; (63-2) 893-5847

138 GF Montepino Bldg
Amorsolo St. cor. Gamboa &
Adelantado Sts. Makati City
Tels.: 840-0714, 817-6489, 812-9183
Fax: (63-2) 812-9183

13 February 2007

STATEMENT OF MANAGEMENT'S RESPONSIBILITY FOR THE CONSOLIDATED STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS

The management of Tropical Disease Foundation, Inc. is responsible for all information and representations contained in the consolidated statement of cash receipts and disbursements for the year ended July 31, 2006. The consolidated statement of cash receipts and disbursements has been 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 and reflects amounts that are based on the best estimates and informed judgment of management with an appropriate consideration to materiality.

In this regard, management maintains a system of accounting and reporting which provides for the necessary internal controls to ensure that transactions are properly authorized and recorded, assets are safeguarded against unauthorized use or disposition and liabilities are recognized.

The Board of Trustees reviewed and approved the consolidated statement of cash receipts and disbursements.

SyCip Gorres Velayo & Co., a member practice of the Ernst & Young Global, the independent auditors appointed by the Board of Trustees, has audited the consolidated statement of cash receipts and disbursements of the Foundation in accordance with auditing standards generally accepted in the Philippines and have expressed their opinion on the fairness of presentation upon completion of such audit, in its report to the Board of Trustees.

Signature _____
Name of the President Thelma E. Tupasi, MD

Signature _____
Name of *Vice-President - Treasurer* Roberta C. Romero, MD

Signature _____
Name of *Program Administrator* Norma G. Miranda

SGV & Co

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

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BOA/PRC Reg. No. 0001
SEC Accreditation No. 0012-F

Report of Independent Auditors

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, 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.

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

As described in Note 2 to the statement of cash receipts and disbursements, the statement of cash receipts and disbursements was 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.

In our opinion, the accompanying statement referred to above present fairly, in all material respects, the cash receipts and disbursements of the program for the year ended July 31, 2006 on the basis of accounting described in Note 2 to the statement of cash receipts and disbursements.

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-AR-1
Tax Identification No. 102-100-830
PTR No. 0267401, January 2, 2007, Makati City

February 13, 2007

TROPICAL DISEASE FOUNDATION, INC.

(Principal Recipient of Global Fund - Supported Programs)

CONSOLIDATED STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS

FOR THE YEAR ENDED JULY 31, 2006

(With Comparative Figures for 2005 and 2004)

(In US Dollars)

	Malaria			Tuberculosis			HIV/AIDS			Grand Total
	2006	2005	2004	2006	2005	2004	2006	2005	2004	
RECEIPTS (Notes 2 and 3)										
Funds received from Global Fund	$2,556,128	$2,520,350	$4,724,012	$3,059,581	$2,101,569	$1,332,898	$1,225,802	$764,973	$1,500,042	$19,791,575
Interest income	1,451	5,627	2,969	3,721	2,850	1,333	2,680	373	-	21,190
Others	92,622	-	-	564	-	-	-	-	-	93,186
	2,650,201	2,526,377	4,726,981	3,063,266	2,104,425	1,334,431	1,228,482	765,346	1,500,042	19,905,951
DISBURSEMENTS (Notes 2 and 3)										
Commodities and products	1,350,035	813,143	1,208,895	-	-	-	103,866	111,603	-	3,876,744
Human resources	763,477	785,217	187,742	342,764	376,879	91,311	489,460	160,672	-	3,397,750
Training and planning	328,042	662,516	180,248	122,453	151,825	49,425	614,544	332,849	-	2,441,802
Program management and administration	40,000	317,409	452,638	337,172	146,432	121,022	67,137	72,741	10	1,574,561
Drugs	12,305	102,025	130,879	290,117	270,287	577,530	86,898	199,590	-	1,669,635
Administrative costs	206,399	191,050	156,419	291,365	233,203	49,273	136,566	96,705	-	1,362,978
Infrastructure and equipment	77,180	131,766	250,018	68,854	108,776	50,812	53,168	72,423	-	911,617
Cost of installation	-	-	-	557,076	196,995	78,823	-	-	-	830,894
Monitoring and evaluation	223,794	179,484	10,679	128,466	25,352	10,104	154,426	73,921	-	806,726
Social marketing and advocacy	-	-	-	61,135	296,140	11,853	-	-	-	373,131
Planned training courses and seminars	-	-	-	70,133	99,611	64,339	-	-	-	184,083
Screening (Laboratory test)	-	-	-	146,701	27,384	-	-	-	-	174,085
Cohort expansion	-	-	-	63,905	42,451	9,161	-	-	-	115,517
Enablers	-	-	-	68,118	49,076	10,483	-	-	-	127,677
IEC materials	-	-	-	33,482	48,123	30,703	-	-	-	112,310
Bacteriologic monitoring	-	-	-	-	48,388	16,613	-	-	-	65,001
Household contacts tracing	-	-	-	8,049	6,275	929	-	-	-	15,253
Updates, workshops and technical supports	-	-	-	-	-	4,855	-	-	-	4,855
Infection control upgrading	-	-	-	1,801	-	-	-	-	-	1,801
Networking activities	-	-	-	-	1,252	547	-	-	-	1,799
Surveillance and proficiency testing	-	-	-	39	1,422	139	-	-	-	1,599
Proficiency Testing	-	-	-	-	1,071	-	-	-	-	1,071
	3,221,432	3,191,109	2,767,436	2,990,930	2,084,889	975,147	1,705,473	1,320,504	10	17,848,935
EXCESS OF RECEIPTS OVER DISBURSEMENTS	($571,231)	($664,731)	$1,959,545	$472,336	$19,536	$359,284	($476,991)	($554,758)	$1,500,026	$2,057,016

TROPICAL DISEASE FOUNDATION, INC.
(Principal Recipient of Global Fund - Supported Programs)
NOTES TO STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS

1 Program Profile

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was founded in January 2002 as a partnership of national governments from donor and developing countries, nongovernmental organizations, affected communities, corporations, foundations and international organizations. GFATM is a grant-making organization, which provides financial resources to improve underlying health systems for the advancement of global health through the control and prevention of HIV/AIDS, Tuberculosis (TB) and Malaria. It expects programs to be country-driven, with strong partnerships in both public and private sectors, and with transparent accountability.

Tropical Disease Foundation, Inc. (TDFI) was nominated and elected to be the Principal Recipient (PR) for the GFATM programs in the Philippines in November 2002. The PR must be a legal entity that can receive the grant funds and manage these on behalf of the GFATM. The PR is responsible for the financial management and administration of the programs, including receiving and disbursing the grant funds to the program implementers, overseeing and managing the proposed procurement, and submitting regular financial and programmatic progress reports to the GFATM and to the Country Coordinating Committee Mechanism. Also, the PR shall ensure that all grant funds are prudently managed and shall take all necessary action to ensure that grant funds are used solely for the program purposes and consistent with the terms of the Program Grant Agreement (the agreements).

As PR, TDFI entered into agreements with GFATM for the implementation or overseeing the implementation of the programs as follows:

Programs	Grant No.	Grant Fund	Start Date	End Date
Accelerating the Response to TB	PHL-202-G02-T-00	$11,438,064	August 1, 2003	July 31, 2008
Accelerating the Response to Malaria	PHL-202-G01-M-00	11,829,545	August 1, 2003	July 31, 2008
Accelerating STI and HIV Prevention and Care Through Intensified Delivery of Services to Vulnerable Groups and People with HIV in Strategic Areas in the Philippines	PHL-304-G03-H	5,528,825	August 1, 2004	July 31, 2009

TDFI shall be responsible to the GFATM for the overall implementation of the programs.

As amended by the Implementation Letter issued by the GFATM, agreed and signed by the PR, the starting and ending dates for the TB and Malaria programs have been moved from July 1, 2003 to August 1, 2003 and from June 30, 2008 to July 31, 2008, respectively.

Under the agreements, the PR may provide grant funds to other entities ("Implementers") to carry out activities contemplated under the programs (see Note 3).

The statement of cash receipts and disbursements for the year ended July 31, 2006 (with comparative figures for 2005 and 2004) were approved and authorized for issue by the Executive Committee, appointed by the Board of Trustees, on February 13, 2007.

2. Significant Accounting Policies

Basis of Preparation

The PR fund accounted for in the statement of cash receipts and disbursements pertains to the grants received from the GFATM only. The PR and its implementers maintain US Dollar and Philippine Peso bank accounts. Remittances from the GFATM are coursed through the US Dollar bank account. Disbursements for the programs are made from either the US Dollar or Philippine Peso bank accounts.

The PR's statement of cash receipts and disbursements in US Dollars has been prepared on the basis of cash received and disbursements made, which is a comprehensive basis of accounting other than the accounting principles generally accepted in the Philippines.

Under the fund accounting method, receipts from grants are recognized when received rather than at the time of commitment of the grantor and disbursements are recognized when paid rather than when incurred.

For reporting purposes, the Philippine Peso amounts were translated into US Dollars using the closing exchange rate on the transaction date.

3. Program Goals and Objectives

The goals and objectives of the programs as detailed in the Agreements are as follows:

Malaria Component

Goal: To reduce malaria morbidity by 70% and mortality by 50% in the 26 priority provinces by the end of the program and to significantly reduce the malaria burden so that it will no longer affect the socio-economic development of individuals and families in endemic areas.

Objective 1: To increase the proportion of fever patients receiving early diagnosis and prompt and effective treatments.

Objective 2: To reduce malaria transmission.

Objective 3: To strengthen local capacity for sustained implementation of community-based malaria control programs.

Philippine Rural Reconstruction Movement (PRRM) is the implementer of all malaria activities until July 31, 2005. Thereafter, TDFI assumed the sub-recipiency and implementation of all malaria activities from PRRM. As of July 31, 2006, the PRRM still has unliquidated advances amounting to US$197,202.

Tuberculosis Component

Goal: To halve the prevalence, incidence and mortality of TB by 2010 in concordance with the National TB Control Program plan. By the end of 2008, it shall have detected 85% of all TB cases and cured at least 85% of them.

Objective 1: To increase the case detection rate of the estimated TB cases from 58% in 2003 to 85% in 2008 through (a) Nationwide establishment of Public-Private Mix Directly Observed Treatment, Short Course (DOTS) being implemented by Philippine Coalition Against Tuberculosis, Inc.; and (b) enhancement of DOTS in the public sector which is implemented by the (i) Department of Health (DOH), specifically by improving the service side of TB control through trainings, and the (ii) World Vision Development Foundation, Inc., by improving the demand side through social mobilization.

Objective 2: To utilize the Green Light Committee approved DOTS-Plus project in addressing Multi-drug Resistant TB cases. The Implementer of this objective is the TDFI-DOTSPlus Clinic.

HIV/AIDS Component

Goal: By the end of 2009, prevalence of HIV among vulnerable groups is less than 1% while prevalence of STI is reduced by 50% among people in prostitution in the 11 risk sites. Also 40% of estimated people living with HIV/AIDS (PLHAs) are receiving adequate support, care and treatment.

Objective 1: To improve behavior change communication and STI management among vulnerable groups. Five activities to achieve this are as follows:

a. Intensify social mobilization and advocacy campaign;
b. Outreach and education activities;
c. Capacity building of service providers, peer educators, Community Health Outreach Workers;
d. Improvement of STI services; and
e. Strengthen monitoring and evaluation mechanism for tracking project progress implementation.

Objective 2: To scale up Voluntary Counseling and Testing (VCT), support, care and treatment for the PLHAs and their families in four geographic areas namely, Manila, La Union, Cebu and Davao. This will be accomplished through the following activities:

a. Improvement and expansion of VCT;
b. Development of partnership mechanisms for care, treatment and support involving the positive community, service providers and key stakeholders;
c. Improvement and expansion of clinical services; and
d. Establishment of home and community care for PLHAs including educational activities.

The program implementer for the HIV/AIDS component is Philippine NGO Council on Population, Health and Welfare, Inc. TDFI also implements programs for HIV/AIDS for Government Organizations.

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4. **Other Matter**

TDFI handles the transactions and maintains the records of the DOH.

CCM DIRECTORY

TROPICAL DISEASE FOUNDATION

The Global Fund to Fight AIDS, Tuberculosis and Malaria
Philippine Projects

Annual Report 2005-2006

The Country Coordinating Mechanism of the Philippines Directory

National/Sub-National/Regional

Chairperson

Department of Health
Ethelyn P. Nieto, MD, MPH, MHA, CESO III
Undersecretary

Vice Chairperson

United States Agency for International Development (USAID)
Dr. Aye Aye Thwin
Sr. Technical Adviser

Members

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

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

Research Institute of Tropical Medicine
Dr. Remigio Olveda/Dr. Dorina Bustos
Medical Director / Medical Specialist

European Council
Dr. Fabrice Sargent/Ms. Rita Bustamante
Individual Expert for Health

German Technical Cooperation Agency (GTZ)
Dr. Michael Adelhardt
Program Manager

Japan International Cooperating Agency (JICA)
Dr. Mie Kasamatsu
Technical Adviser

Kilusan Ligtas Malaria (KLM)
Ray Angluben
Executive Director

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

National Commission for Indigenous Peoples (NCIP)
Dr. Ricardo Sakai, Jr.
Medical Officer V

National Economic Development Agency (NEDA)
Ms. Arlene Ruiz
Chief, Health, Nutrition & Population Development

Association of Philippine Medical Colleges
Dr. Fernando Sanchez
President

Positive Action Foundation Philippines, Inc. (PAFPI)
Mr. Joshua Fomentera
President

Philippine Council for Health Research Development, Department of Science and Technology
Dr. Jaime Montoya
Executive Director

Samahang Lusog Baga
Mr. Fernando Collera
President

Philippine Coalition Against Tuberculosis (PhilCAT)
Dr. Jubert Benedicto/Ms. Amy Sarmiento
Chairman / Executive Director

Philippine National AIDS Commission (PNAC)
Dr. Ferchito Avelino/Irene Fonazier
Director/PNAC Member

Philippine NGO Council
Dr. Eden Divinagracia
Executive Director

Pilipinas Shell Foundation, Inc
Mr. Ed Veron Cruz/Marvi Rebueno-Trudeau
President/Program Manager

Philippine College of Chest Physicians
Dr. Renato Dantes
President

Tropical Disease Foundation, Inc. (TDF)
Dr. Thelma Tupasi
President

Remedios AIDS Foundation
Dr. Jose Narciso Melchor Sescon
Executive Director

World Health Organization –WR (Philippines)
Jean Marc Olive
Representative (Phil)

World Vision Development Foundation (WVDF)
Dr. Melvin Magno/Marlan Villanueva
National Health Advisor/ Program Manager

UN Program on HIV/ AIDS (UNAIDS)
Dr. Ma. Elena Barromeo
Country Coordinator

Department of National Defense
Dr. Peter G. Galvez
Medical Consultant

Canadian International Development Agency
Ms. Myrna Jarillas
Senior Program Officer

Department of Interior & Local Govt. (DILG)
Hon. Austere Panadero/Mr. Cesar Montanses
Assistant Secretary

United Nations International Children Education Fund (UNICEF)
Dr. Nicholas K. Alipui
Representative (Programme Officer)

Kasangga Mo ang Langit Foundation
Mr. Rey Langit
Executive Director

University of the Philippines – College of Public Health
Dr. Catidad Ancheta
Dean

World Family of GOOD People Foundation (WFGP)
Dr. Jocelyn Park
Director

Couples For Christ-Gawad Kalusugan
Dr. Elmer Garcia
Director

Salvation Army
Mr. Charles Malcom Induruwage
President

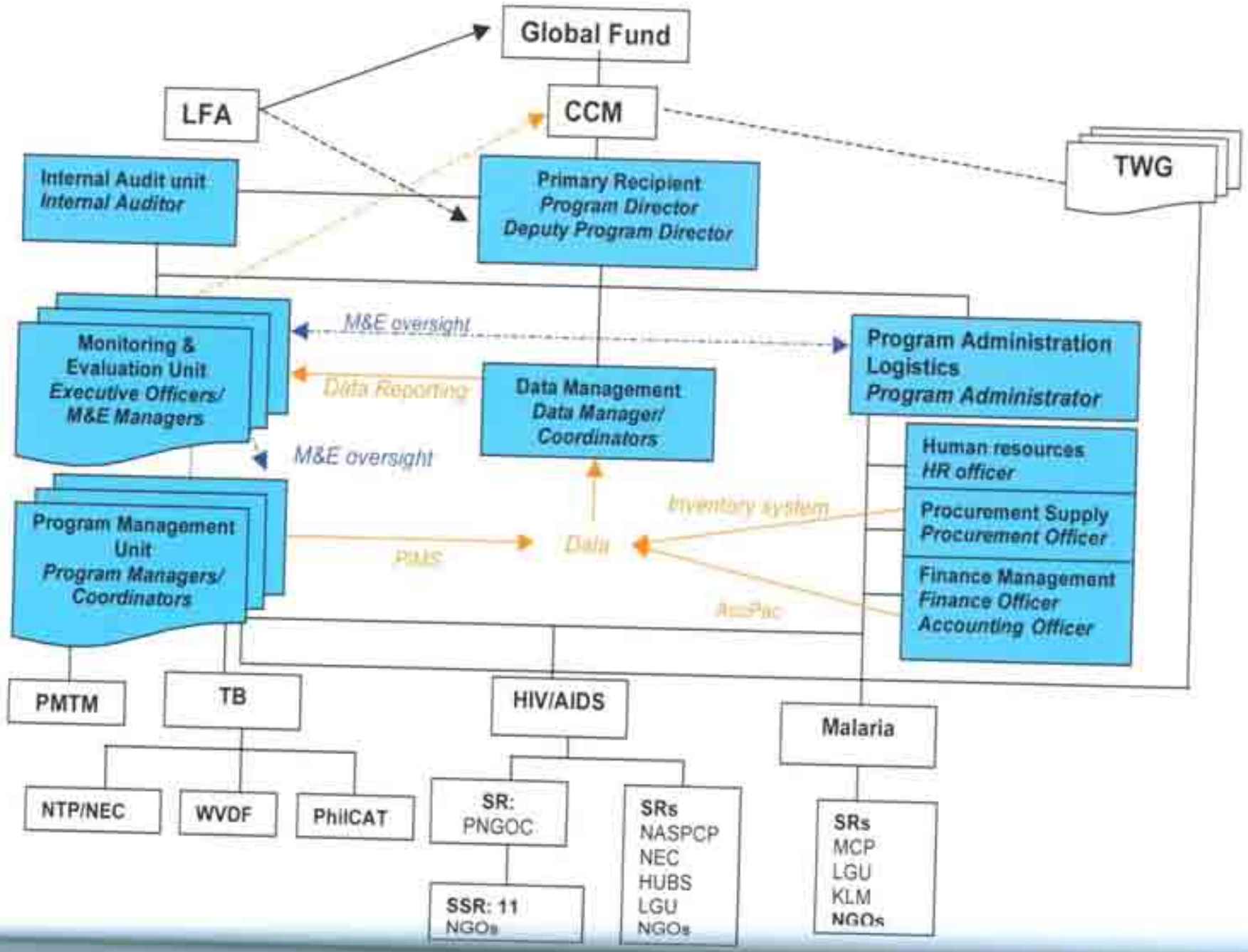
CCM Secretariat

Dr. Ernesto Bontuyan, Jr.
DOH-IDO Office

Cerila Negad
DOH-IDO Office

Joel Atienza
IDO-DOH

Organizational Chart of the Primary Recipient



TROPICAL DISEASE FOUNDATION

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The Global Fund to Fight AIDS, Tuberculosis and Malaria
Philippine Projects
Annual Report 2005-2006