No.

フィリピン共和国
エイズ対策プロジェクト
巡回指導調査団報告書

平成12年４月

国際協力事業団
医 療 協 力 部

医協一
JR
00—12

序　　文

フィリピン共和国エイズ対策プロジェクトは、1996年７月１日から５年間の協力期間において、エイズ中央共同ラボラトリーを拠点として、同ラボラトリーおよびそれに連なるリファレルシステムの確立、保健所レベルでのエイズ予防対策機能の強化を目的として協力が開始されました。

このたび、協力期間３年８カ月あまりの時点でこれまでの活動を確認し、本プロジェクトにかかわる専門家とカウンターパートに必要な助言を提供し、また、本プロジェクト当初の目標を達成するために必要な事項をフィリピン共和国側関係者と協議するため、国際協力事業団は2000年３月12日から３月16日までの日程で、大阪大学名誉教授栗村敬氏を団長として、巡回指導調査団を派遣しました。

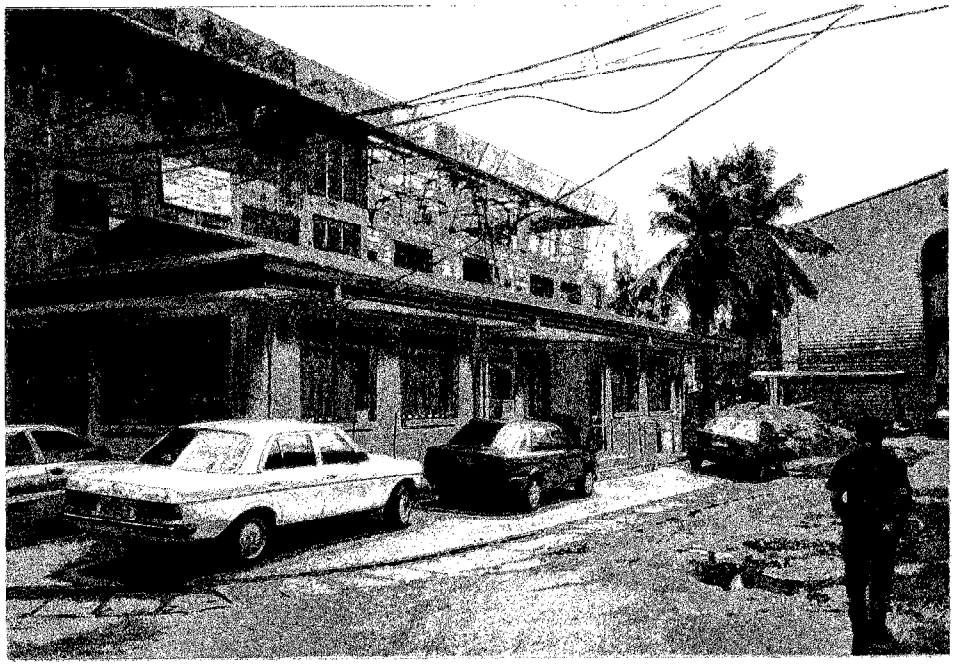
本報告書は、上記調査団の調査結果を取りまとめたものです。ここに本調査にご協力を賜りました関係各位に深甚なる謝意を表します。

平成12年４月

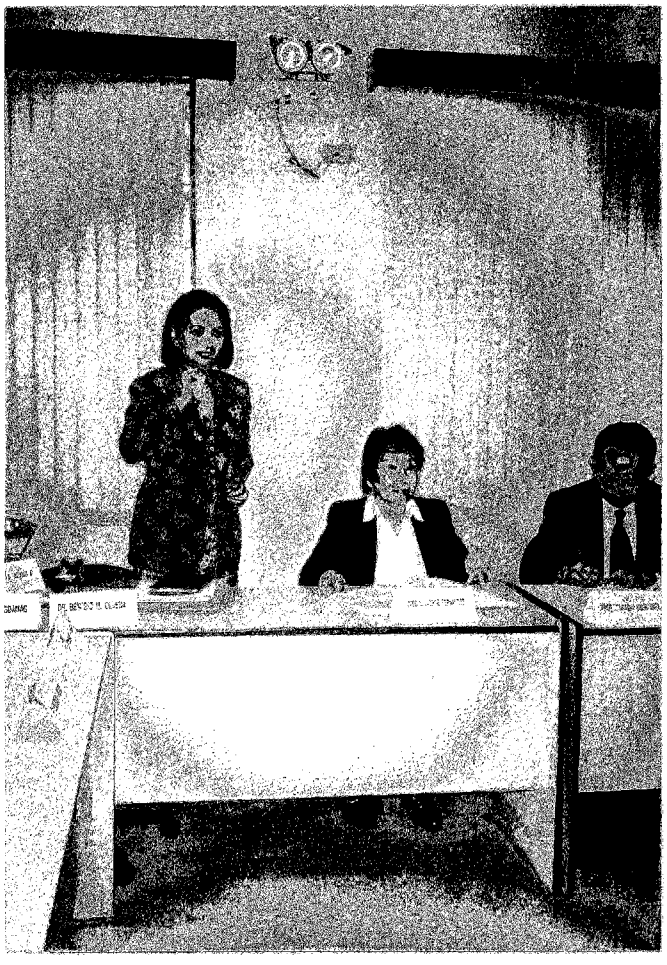
国際協力事業団
理事　阿　部　英　樹

エイズ中央共同
ラボラトリー
（SACCL）

SACCL正面入口
（Ｐ３ラボラトリー
開所式のため花が飾
られている）

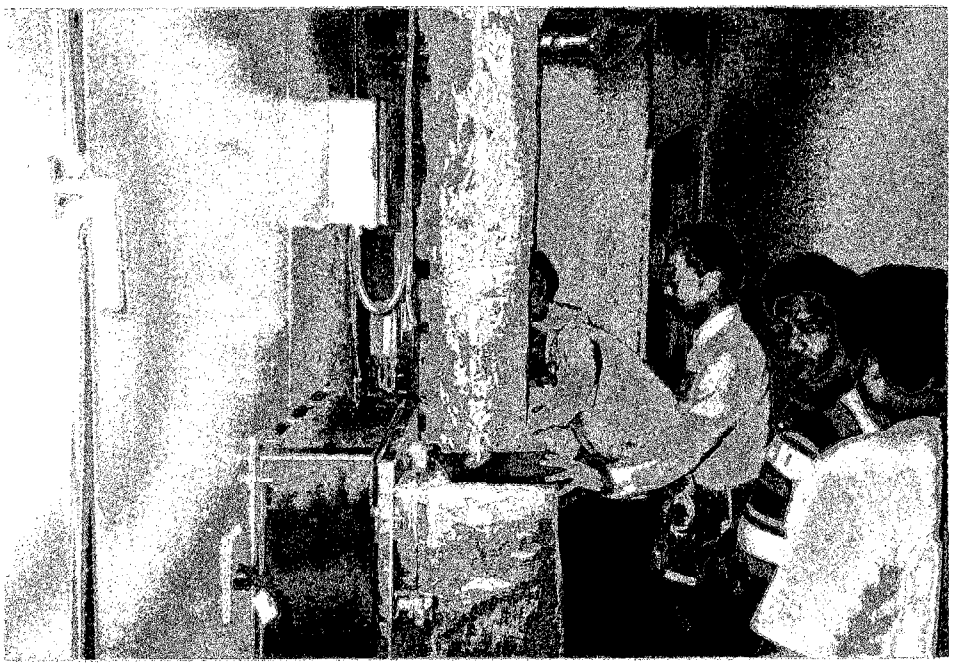


SACCL ANNEX
（エイズ健康教育
センター）



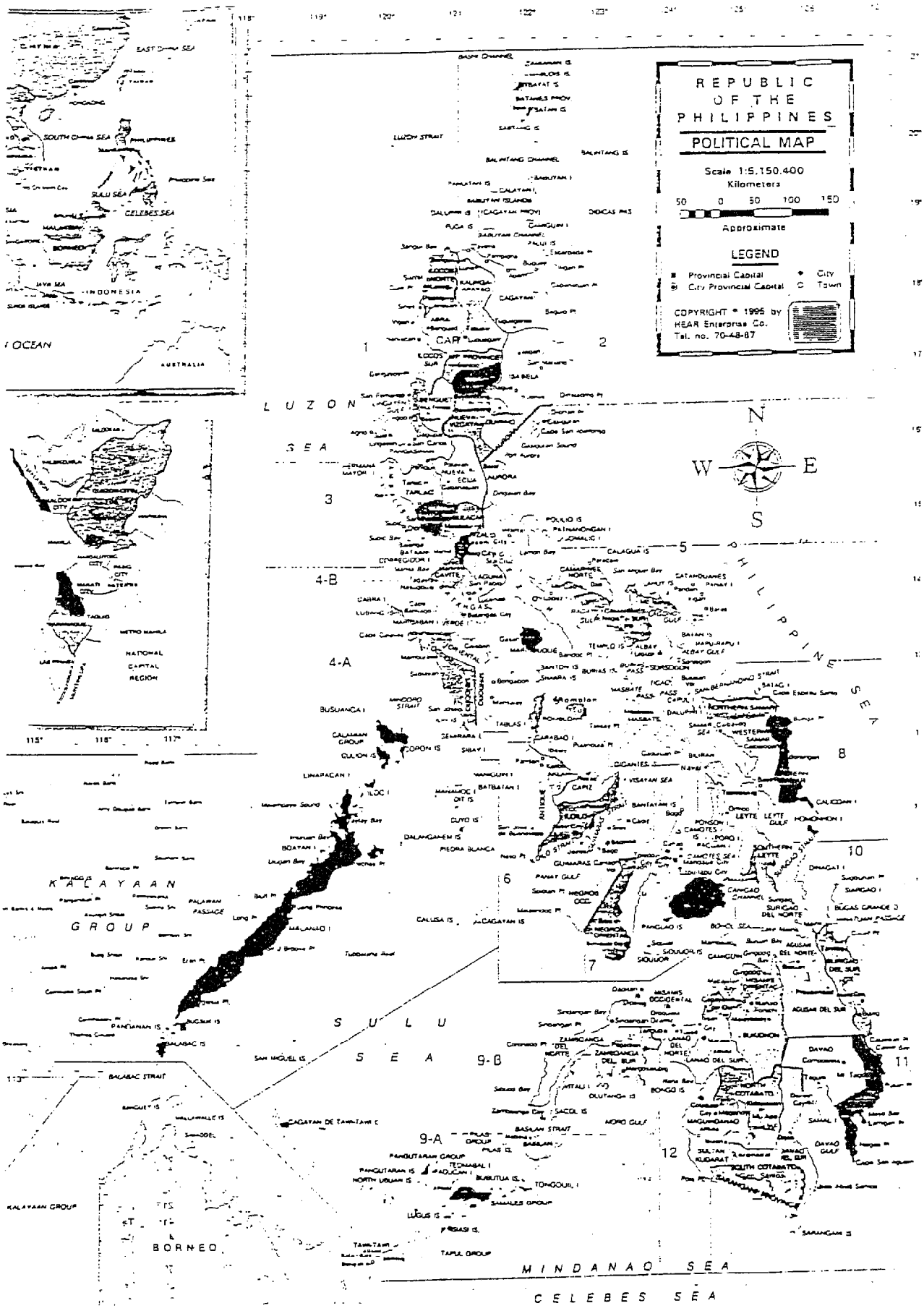
合同調整委員会の
風景

先方フェルナンデス保健省次官と栗村団長との間でのミニッツ交換



Ｐ３ラボラトリー開所式にて同ラボラトリー視察を行う先方ロマルデス保健省大臣と小野JICAフィリピン事務所長

地図：フィリピン共和国


REPUBLIC OF THE PHILIPPINES
POLITICAL MAP
Scale 1:5,150,400
Kilometers
50 0 50 100 150
Approximate
LEGEND
Provincial Capital
City
City Provincial Capital
Town
COPYRIGHT © 1995 by HEAR Enterprise Co. Tel. no. 70-48-87
LUZON SEA
SULU SEA
CELEBES SEA
MINDANAO SEA
PHILIPPINE SEA
KALAYAAN GROUP
BORNEO
INDONESIA
AUSTRALIA
EAST CHINA SEA
SOUTH CHINA SEA
NATIONAL CAPITAL REGION
METRO MANILA
N
W
E
S

プロジェクト・サイト位置図

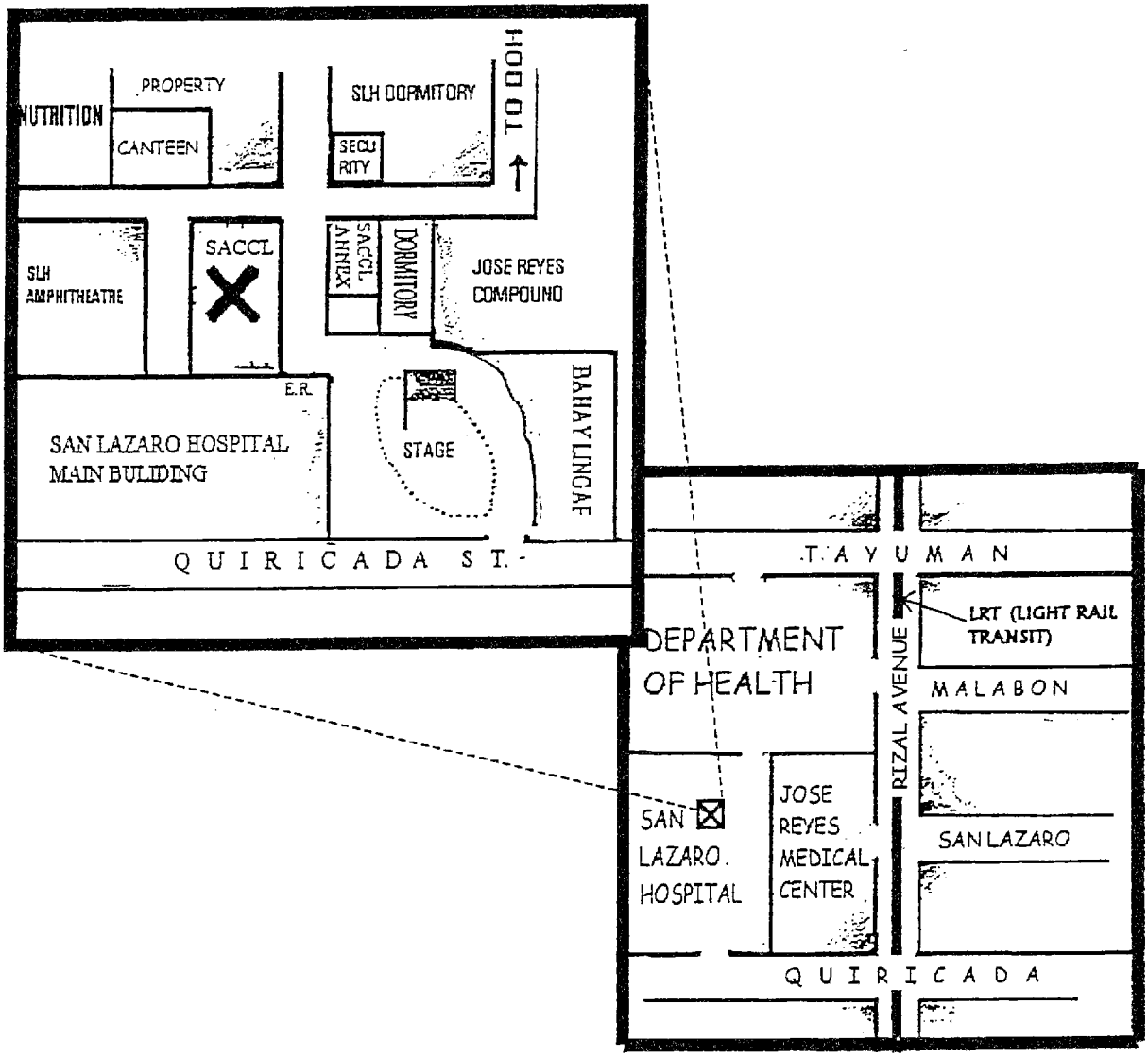
プロジェクト・サイト見取図

SACCL

(STD/AIDS Cooperative Central Laboratory)

San Lazaro Hospital Compound,
Quiricada st., Sta. cruz, Manila,
Philippines.

tel/fax: (63-2) 711-4117



略　語　表

AIDS	Acquired Immunodeficiency Syndrome	後天性免疫不全症候群、エイズ
BRL	Bureau of Research and Laboratory	（保健省）研究・検査局
IEC	Information, Education and Communication	視聴覚等を含めた啓蒙普及
NGO	Non Governmental Organization	非政府組織
PCM	Project Cycle Management	プロジェクトサイクルマネジメント
PDM	Project Design Matrix	プロジェクトデザインマトリックス
RITM	Research Institute of Tropical Medicine	熱帯医学研究所
SACCL	STD／AIDS Cooperative Central Laboratory	エイズ中央共同ラボラトリー
SLH	San Lazaro Hospital	サンラザロ病院
STD	Sexually Transmitted Disease	性感染症

目　　次

序　文
写　真
地　図
略語表

１．巡回指導調査団派遣 …… 1
　１－１　調査団派遣の経緯と目的 …… 1
　１－２　調査団の構成 …… 1
　１－３　調査日程 …… 2
　１－４　主要面談者 …… 2

２．総　括 …… 4

３．合同調整委員会の協議事項 …… 6

４．調査団所見 …… 7

附属資料
　①　ミニッツ …… 11
　②　合同調整委員会議事および先方議事録 …… 30
　③　前回合同調整委員会の議事録 …… 35
　④　ＰＤＭ補完案についての先方資料 …… 38
　⑤　プロジェクト紹介パンフレット …… 44
　⑥　Ｐ３ラボラトリー紹介パンフレット …… 57
　⑦　保健省将来計画の一部 …… 59

１．巡回指導調査団派遣

１－１　調査団派遣の経緯と目的

フィリピン共和国（以下、フィリピン）保健省の発表によると、同国のＨＩＶ感染率は一般大衆においては0.1%未満であり、現時点では低位ではあるが、ＳＴＤ罹患率の高さと、海外出稼ぎ労働者におけるＨＩＶ感染率の高さから、今後急速にエイズ感染が拡大する危険性がある。フィリピン保健省は、1993年から第２次エイズ／ＳＴＤ対策中期計画を実施中であるが、そのなかで性交渉によるＨＩＶ感染予防強化を重点目標のひとつに掲げている。一方、日本政府は、1993年７月の日米包括協議および1994年２月の日米首脳会談における「地球規模問題イニシアティブ（人口／エイズ）／ＧⅡ」を受け、米国政府との間で合意されたコモンアジェンダの協力の重点国の一国として、1994年度から本分野における同国への協力を開始し、数次にわたりプロジェクト形成にかかる調査団を派遣した。

このような背景のもと、フィリピン政府はエイズ／ＳＴＤ分野におけるプロジェクト方式技術協力を要請し、わが国は1995年11月に事前調査団、1996年３月に実施協議調査団を派遣し、1996年７月１日から５年間の予定で「エイズ対策プロジェクト」が開始された。

開始後３年８カ月が経過した現在、プロジェクトの進捗状況の把握と実施上の問題点を調査検討し、終了時までの協力計画策定の指針を得るために、フィリピン関係者と協議を行う目的で巡回指導調査団を派遣した。特に、プロジェクト終了をにらんでどこまで協力を行うか明確化し、今後の協力のあり方について先方の意向の確認を行った。

１－２　調査団の構成

担当	氏　名	所　　属
団長　総　括	栗村　敬	大阪大学名誉教授
団員　協力計画	伊藤　賢一	国際協力事業団医療協力部医療協力第一課職員

１－３　調査日程

日順	月　日	曜日	移動および業務
1	３月12日	日	移動　関西→マニラ（栗村団長／TG621） 移動　成田→マニラ（伊藤団員／JL741）
2	３月13日	月	9：00　ＪＩＣＡフィリピン事務所表敬 11：00　保健省次官表敬／協議 14：00　合同調整委員会の準備打合せ
3	３月14日	火	9：00　プロジェクトとの打合せ 13：30　合同調整委員会 16：30　ミニッツ署名・交換
4	３月15日	水	9：00　ＳＡＣＣＬでの指導 11：30　バイオセーフティーレベルＰ３ラボラトリー開所式 16：30　日本国大使館報告
5	３月16日	木	10：30　ＪＩＣＡフィリピン事務所報告 移動　マニラ→関西（栗村団長／TG620） 移動　マニラ→成田（伊藤団員／JL742）

１－４　主要面談者

(1) フィリピン側関係者

Dr. Alberto G. Romualdez, Jr.	Secretary
Dr. Milagros L. Fernandez	Undersecretary for Office for Public Health Services
Dr. Loreto B. Roquero	Director Ⅲ, National STD／AIDS Prevention and Control Program
Dr. Remige A. Olveda	Director, BPS／RITM／CNC
Dr. Emiliano Aligui	Director Ⅲ (Acting Director), RITM
Dr. Veneracion D. Pacis-Munar	Director Ⅳ, BRL
Dr. Benito F. Arca	Medical Center Chief Ⅱ, SLH
Dr. Dorothy May Agdamag	Chief of Laboratory, SACCL
Dr. Ma. Theresa Singh	Medical Officer Ⅳ, SACCL
Mr. Dune Aranjuez	Officer, National Economic and Development Agency

(2) 日本側関係者

在フィリピン日本国大使館	福田　　光	一等書記官
ＪＩＣＡフィリピン事務所	小野　英男	所長
	黒柳　俊之	次長
	吉田　友哉	所員
エイズ対策プロジェクト	寺岡　　宏	チーフアドバイザー
	寺崎　義則	調整員
	森松　伸一	専門家（ウイルス学）
	山城　吉徳	専門家（ＩＥＣ）

２．総　括

本調査団は、合同調整委員会を通じてこれまでの活動の進捗状況の確認、今後の計画（特に終了時を見据えた計画）、今後の協力可能性についての先方の意向の確認を行うことを本務とするが、その要点については３章を参照されたい。以下、同章との重複を避けて記述する。

本プロジェクトの拠点であるＳＡＣＣＬは、アメリカ海軍研究施設跡地（ＮＡＭＵＲＵ）を利用、フィリピン側からの正規職員配置という形ではなく、ＢＲＬ、ＳＬＨ、ＲＩＴＭの３機関から持ち回りで人員および予算配置するという合意のもとで開始した。実際には、ＳＬＨから３名（医師２名、検査技師１名）、ＢＲＬから２名の人員提供がなされ、本プロジェクト前半は体制の整備、保健省内におけるＳＡＣＣＬの位置づけ、検査技術や視聴覚教育（ＩＥＣ）教材の作製に向けての指導などに重点が置かれていた。現在は、バイオセーフティーレベルＰ３ラボラトリーが完成し、保健省の組織改編（Health Sector Reform）に伴い、ＳＡＣＣＬに対する正規職員の配置（現在、ＳＡＣＣＬの正規職員はＳＬＨ職員という位置づけ）が確実となった。また、正規職員の配置・増員に伴って、ＳＬＨの施設の一部の提供も確実となり、スペースも広がることとなった。フィリピン保健省のロマルデス保健省大臣、フェルナンデス次官、ロケロ国家エイズＳＴＤプログラム委員長、アルカＳＬＨ院長など責任を負う要人の、本プロジェクトに対する期待およびフィリピン側からの努力はこれまでにないほど大きなものであった。また、在フィリピン日本国大使館福田書記官の評価もこれまでになく高いものであり、プロジェクトの成果がフィリピン社会全体から高い評価を受けていることがわかった。

今回、合同調整委員会でフィリピン側から次期協力（フェーズ２）の要請について説明があり、追って正式要請を受けてから実施の可否が検討されることとなるが、もし継続してフェーズ２に入ることができれば、ＳＴＤ／エイズ対策に対して大きな成果が目に見えるものとなり、このプロジェクトの完成を期待できる状況にあると考えられる。

以下、重要と思われる点を項目別に述べるが、いずれもフィリピン国内にある、またはフィリピン側がもっている専門技術を最大限に活用し、少数の日本人専門家に偏って依存しないことを主眼にしている。

(1) ＲＩＴＭとの関係

ＳＡＣＣＬがＳＴＤ／ＨＩＶについてはリファレンスセンターの機能をＲＩＴＭから引き継ぎ、ＳＡＣＣＬの名称はそのまま用いることができる（ＲＩＴＭオルベダ所長、アリグイ所長代理が確認）。

(2) 新しい人員配置

正式に予算が財務省を通過した後に実施される予定である。2000年３月末（フェルナンデ

ス次官の発言）という見通しもある。

(3) プロジェクトで雇用している人員

ソランテ医師は正式にＳＬＨ医師としてプロジェクトに協力することとなった。また、新しい人員の配置の状況により不足分について、プロジェクト雇用人員の正式採用の協議をフェルナンデス次官と行うことになっている（アグダマグＳＡＣＣＬ所長談）。その際には、日本でカウンターパート研修を受けた成果を反映するよう要望した。

(4) 建物のスペース

人員の増強とともに必然的に起こるスペースの不足は、ＳＬＨの会議室の使用、増改築部分の提供などで解決できる状況にある。

(5) 分子生物学的技術

分子生物学的技術の向上については、日本人専門家に頼るだけでなく、フィリピン国内での協力を得るためフィリピン大学理学部分子生物学研究所（サロマ助教授のグループ）と交流を図るよう努力した。

(6) ＮＧＯとの協力

フィリピンエイズ学会（Philippine Society of AIDS）、感染症学会、非感染症学会の専門家と協力することでＩＥＣの全国活動を可能にする（モンソン・エイズ学会長談）ようになってきている。

３．合同調整委員会の協議事項

先方と合意に至った事項については附属資料①ミニッツのとおりであるが、同ミニッツ記載事項について主要な論点は以下のとおりである。

(1) ＳＡＣＣＬの位置づけについて

ＳＡＣＣＬの保健省の組織上の位置づけについては、保健省で進行中のHealth Sector Reform（後述）のなかで独立した組織となるという説明と、ＳＬＨの管轄にあるという説明がなされてきた。今回の説明では、現状が予算・人員ともＳＬＨから支弁され、役割はＳＴＤのリファレンスラボラトリー、ＨＩＶ確認検査のサテライトラボラトリーであるとの由であった。Health Sector Reform後は、National Laboratory Network Center構想のもとでリファレンスラボラトリーとして独立した組織となり、予算・人員配置とも独自にされる見込みである。

(2) これまでの活動について

ラボラトリー部門では、建物の改修・Ｐ３ラボラトリーの完工、ＨＩＶ・クラミジア・ヘルペス・肝炎・日和見感染症等の実験室診断、各種研究の実施、トレーニングコースの実施などが順調に行われてきた。また、予防教育・ＩＥＣ分野では、ＩＥＣパッケージの開発、フリップチャートの制作、ビデオ教材の開発等が行われてきた。これまでの活動ではプロジェクトの基盤整備から各々の基礎的な技術移転まで比較的順調に進捗してきたものと考えられる。

(3) 今後の計画について

前述のように保健省からの投入をより多くして終了に向けた取り組みをしていく。全体としては中央の機能強化を中心とした活動を行う計画であり、ラボラトリー部門では、ＳＡＣＣＬの検査機能向上のためのＰＣＲを用いた向上、培養等Ｐ３ラボラトリーを活用した検査機能充実、さらなる研修コースの実施を行う。また、予防教育・ＩＥＣではパッケージの普及、ビデオ教材の開発等を行う。また、アウトリーチのため保健省と共同してAIDS Society of the Philippines、Cebu Medical Society等ＮＧＯ団体と連携してSocial Hygiene Clinicへの展開や予防教育・検査機能を広げていく。

(4) ＰＤＭについて

1999年６月にＰＣＭワークショップを開催し、協力開始当初に作成したＰＤＭをさらにブレークダウンして新たなＰＤＭを作成したが、これを補完用ＰＤＭとし、終了時評価に向けてモニタリングするためのＰＤＭと位置づけた（当初のＰＤＭに代替するものではない）。

４．調査団所見

合同調整委員会で双方合意に至った点および論点は３章に記述のとおりであるが、同委員会で議論され、ミニッツとしては残さなかった点を中心に述べる。

(1) 保健省の組織改革について

保健省は現在Health Sector Reformおよびre-engineeringと称し、組織改編を進めている最中であり、カウンターパートであるＳＡＣＣＬもその対象となっている。疾病予防対策に関しては、前述のとおりNational Laboratory Network Center構想のもと、結核、ＳＴＤ、エイズ、マラリア、デング熱等のリファレンスラボラトリーがそのネットワークを構成することとなっており、ＳＡＣＣＬはＳＴＤとエイズを扱う機関となる予定である。機能的には、精度管理、計画・基準設定、下部機関への技術支援・能力向上、他機関との連携・調整を行うこととなっている。いずれにせよＳＡＣＣＬには独自の人員・予算が配置され、特に人員については現行他機関からの配置換えも示唆されており、おおよそ５～10人程度増員される見込みである。増員に伴い場所が手狭になるが、ＳＬＨ等の場所も手当されるとの言質を得ている。この動きそのものは現在承認待ちの状態であるが、注視するとともにいざ実施となった際に、今回説明のあった措置が的確になされるよう求めていくこととしたい。

(2) 今後の協力方針について

今回の合同調整委員会では次期協力（フェーズ２）についての先方の意向が示された。わが方としては正式要請を受けていない立場のため聞き置くのみにとどめコミットは避けたが、内容としては、国家エイズＳＴＤ予防対策プログラムのもとＳＡＣＣＬを実施機関とし、フェーズ１の成果をもとにした対象地域の拡大、ネットワークの拡大、私立機関との連携、精度管理を行うものである。先方の説明では、大臣決裁を終え国家経済開発庁で審査中との由であり、採択検討は正式要請後に行うこととなるが、今後の要望調査のスケジュールを説明するとともに、まずはフェーズ１での成果を取りまとめて示すことが重要であることを当方から申し入れた。

附　属　資　料

① ミニッツ

② 合同調整委員会議事および先方議事録

③ 前回合同調整委員会の議事録

④ ＰＤＭ補完案についての先方資料

⑤ プロジェクト紹介パンフレット

⑥ Ｐ３ラボラトリー紹介パンフレット

⑦ 保健省将来計画の一部

① ミニッツ

MINUTES OF DISCUSSIONS
BETWEEN THE JAPANESE ADVISORY TEAM
AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE REPUBLIC OF THE PHILIPPINES
ON THE JAPANESE TECHNICAL COOPERATION
FOR THE PROJECT OF THE PREVENTION AND CONTROL OF AIDS

The Japanese Advisory Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. Takashi Kurimura visited the Republic of the Philippines for the purpose of reviewing the activities of the Project for the Project of the Prevention and Control of AIDS (hereinafter referred to as "the Project"), and discussing the future implementation plan for the Project.

During its stay, the Team exchanged views and had a series of discussions with the Philippine authorities concerned about the implementation of the Project.

As a result of the discussions, both sides agreed upon the matters referred to in the document attached hereto.

Manila, March 14, 2000

Dr. Takashi Kurimura
Leader
Management Consultation Team
Japan

Dr. Milagros L. Fernandez
Undersecretary for Public Health Services
Department of Health
Republic of the Philippines

ATTACHED DOCUMENT

I. GENERAL REVIEW

The Project started on July 1, 1996, for the purpose of establishing an AIDS cooperative central laboratory and strengthening the function of AIDS prevention at local public health centers.

Both sides reviewed the activities in regard to the implementation of the Project. Based on the common understanding of the present situation of the Project, both sides discussed the future implementation plan of the Project.

II. MATTERS DISCUSSED IN THE JOINT COORDINATING COMMITTEE

Both sides discussed the following matters:

II-1 Matters concerning STD/AIDS Cooperative Central Laboratory (SACCL)

a) Mandate – Reference laboratory for STD and satellite confirmatory center for HIV
Collaborating agency for HIV kit development
Main agency for STD kit development

b) Personnel – Complete personnel complement to be provided by San Lazaro Hospital until the Laboratory Network is established

c) Budget - San Lazaro Hospital will provide the budget until the Laboratory Network is established.

II-2 Overall Progress of the Project

II-2-1 Inputs

a) Dispatch of Japanese Experts

Up to now, 9 long term experts (Chief Advisor 1, Coordinator 2, Public Health 2, Virology 2, IEC 1, Bacteriology 1) and 24 short term experts has been dispatched. The detail of the dispatched experts is shown in ANNEX 1.

b) Provision of Equipment

Necessary equipment for the implementation of the Project has been provided such as incubator, centrifuge and computers. The detail of the provided equipment is shown in ANNEX 2.

c) Counterpart Training in Japan

Up to now, 14 counterparts has received technical training in Japan. The detail of the counterpart training in Japan is shown in ANNEX 3.

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d) Inputs by the Department of Health (DOH)

Input by DOH is provision of personnel and budget to the activities of the Project. The detail of the input by DOH is shown in ANNEX 4.

II-2-2 Progress, Activities and Outputs

The detail of the progress, activities and outputs are shown in ANNEX 5 and 6.

II-3 Future Plan of Action until the End of the Project

Both sides agreed to implement the Project until its end in accordance with ANNEX 5 and 6. Both sides confirmed the Project Design Matrix shown in ANNEX 7 as a detailed and supplementary one to the initially made one. The final goal of the Project is that national and local capacities to address STD/AIDS concern is strengthened.

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ANNEX 1

LIST OF FIELDED JAPANESE EXPERTS

1. Long term experts

- Tokujiro KAMIGATAKUCHI (Project Coordinator)	96.7.1 – 99.9.11
- Hidehiro OTAKE (Public Health)	96.11.18 – 98.3.31
- Motoyuki YUASA (Public Health)	97.6.24 – 99.6.23
- Takashi NAKANO (Virology)	97.6.24 – 99.6.23
- Yoshinori YAMASHIRO (IEC)	98.5.18 – up to present
- Shinji KUSUNOKI (Bacteriology)	98.10.12 – 99.10.11
- Hiroshi TERAOKA (Chief Advisor)	99.4.16 – up to present
- Yoshinori TERASAKI (Project Coordinator)	99.9.1 – up to present
- Shinichi MORIMATSU (Virology)	99.12.23 – up to present

2. Short term experts

- Takashi KURIMURA (Virology)	96.8.3 – 96.8.6
- Kunikatsu SHOJI (Laboratory Set-up)	96.8.3. – 96.8.9
- Akira FUJIWARA (Laboratory Set-up)	96.8.3 – 96.8.9
- Yoshiaki KUMAMOTO (STD Consultant)	96.9.15 – 96.9.23
- Takashi KURIMURA (Virology)	96.9.20 – 96.9.27
- Takashi KURIMURA (Virology)	97.1.13 – 97.1.22
- Isao SHIRAHASE (Laboratory Facility)	97.1.13 –97.1.22
- Kenji SODA (Public Health)	97.2.17 – 97.2.25
- Namiko YOSHIHARA (Immunology)	97.9.2 – 97.9.12
- Saisuke IENO (IEC)	98.1.14 – 98.1.30
- Yoshinori YAMASHIRO (IEC)	98.1.14 – 98.2.11
- Yasuhiko SUZUKI (AIDS Opportunistic Infections)	98.2.16 – 98.3.2
- Takashi KURIMURA (Immunology)	98.2.20 – 98.2.28
- Toshikatsu HAGIWARA (STD)	98.8.31 – 98.9.11
- Namiko YOSHIHARA (Immunology)	98.9.7 – 98.9.18
- Yasuhiko SUZUKI (AIDS Opportunistic Infections)	98.9.27 – 98.10.9
- Takashi KURIMURA (Virology)	98.9.27 – 98.10.14
- Motoi WATANABE (Health Education)	99.1.5 – 99.1.30
- Takashi KURIMURA (Virology)	99.4.26 – 99.5.6
- Namiko YOSHIHARA (Immunology)	99.6.7 – 99.6.19
- Toshikatsu HAGIWARA (STD)	99.6.7 – 99.6.19
- Takashi KURIMURA (Virology)	99.9.22 – 99.10.10
- Yoshito EIZURU (Virology)	99.10.4 – 99.10.22
- Takashi KURIMURA (Virology)	99.12-6 – 99.12.15

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ANNEX 2

List of Provided Equipment
Purchased in Philippine Peso

Year	No.	Name of Equipment	U/P(Php)	Qty.	Location
1996	1	NUARE Biological Safety Cabinet NU-425-400	388,500.00	1	SACCL
	2	Thermal Cycler, ENH,Masterscycler 5330	401,750.00	1	SACCL
	3	NIKON MEA31-AC Inverted Microscope diaphot 200	400,000.00	2	SACCL
	4	MITSUBISHI PAJERO 4 Wheel Wagon	540,000.00	1	SACCL
	5	SANOFI Plate reader RP2100	317,765.00	1	SACCL
	6	SANOFI Plate washer PW40	170,000.00	1	SACCL
	7	SANOFI Incubator	72,600.00	1	SACCL
	8	AcerNote 350PC Notebook PC	57,350.00	3	SACCL
	9	Sibata Colony counter, model cl-560,5127-01	31,000.00	1	SACCL
	10	Orion PH Meter, model 1420A-1, bench	27,500.00	2	SACCL
	11	Memmert Oven, UM 500, 10BL	37,100.00	2	SACCL
	12	Bosch Analytical Balance, 200G/0.0001G sae200	77,000.00	1	SACCL
	13	Bosch Top Loading Balance, 410gx0.0016ep 400	60,000.00	1	SACCL
	14	National air Conditioner CS/U 2403KP	47,400.00	7	SACCL
	15	National Air Conditioner CS/U 1803KP	40,400.00	4	SACCL
	16	National Air Conditioner CS/U 1203KP	32,100.00	4	SACCL
	17	Nikon Alphaphot Y52-HF & H (6 each)	45,500.00	12	SACCL
	18	PC Pentium 100, Desktop computer	24,295.00	3	SACCL
	19	Precision Water Bath #66554, Model 188 GP	35,476.00	2	SACCL
	20	Apple Performa 5320 603E/120 PC	54,205.00	1	SACCL
	21	Laserwriter 4/599 FS	32,405.00	1	SACCL
	22	Memmert CO2 Incubation, Model INCO 2/245	350,000.00	1	SACCL
	23	Laboratory Center Table w/sink	129,400.00	1	SACCL
	24	Laboratory Center Table w/o sink	110,400.00	1	SACCL
	25	Laboratory Side Table	90,120.00	1	SACCL
	26	Laboratory Sink Base Cabinet	85,000.00	1	SACCL
	27	SANYO Autoclave MSL-3020	122,630.00	3	SACCL
	28	Distilling/deioning Apparatus WSC044	141,000.00	1	SACCL
	29	SANYO Deep Freezer-80C, MDF 40865	255,250.00	2	SACCL
	30	NUARE Clean bench Model Airgard301	225,750.00	1	SACCL
	31	EEPENDORF Refrigerated Centrifuge Model 5403	315,000.00	1	SACCL
	32	SANYO Laboratory Washer MJW-8010	275,660.00	1	SACCL
	33	Ultrasonic Washer 21810-908	74,680.00	1	SACCL
	34	Ice Machine SIM-F123	105,540.00	1	SACCL
	35	SANYO Deep Freezer –30C, MDF536D	86,120.00	1	SACCL
	36	NIKON MBE300AD Epi-Flourescence Eqpt. EDF-3 Set	222,200.00	1	SACCL
	37	NIKON MPC350AF Photomicrograp, System H-III-35	141,800.00	1	SACCL
	38	NIKON Labophot-2 Trinocular Microscope	316,000.00	1	SACCL
	39	Tissue Homogenizer	36,518.00	1	SACCL
	40	Constant Temp. Circulator	58,335.00	1	SACCL
	41	EIKI 4400 OHP	20,000.00	2	SACCL
	42	Bredford OHP Screen	5,500.00	2	SACCL
	43	16MB 72 PIN SIMMS	5,813.00	1	SACCL
	44	APC Back-up 600Ec UPS	12,000.00	1	SACCL
	45	Lecture Table	5,500.00	8	SACCL
	46	Loop Cinerator	7,221.00	1	SACCL
	47	Orbitual Shaker	22,530.00	2	SACCL
	48	Digital Thermo, with watch	5,316.00	2	SACCL
	49	Corning Hot Plate	9,500.00	1	SACCL
	50	Corning Hot Plate, Stirrer	9,500.00	1	SACCL
	51	HP Laserjet Printer 5L	13,305.00	3	SACCL
	52	UPS	7,050.00	3	SACCL
	53	MS Offices	13,995.00	3	SACCL

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1997	1	Pharmaceutical Refrigerator MPR-10ss	258,710.00	1	SACCL
	2	Pharmaceutical Refrigerator MPR-511	156,440.00	1	SACCL
	3	Autoclave SANYO MLS-2420	173,020.00	2	Pasig/Makati
	4	SANYO Centrifuge MSE Mistral 1000E	125,100.00	1	SACCL
	5	Refrigerated Centrifuge Harner 18/80R	225,320.00	1	SACCL
	6	Taitec aluminum Block Bath Dtu-aC	66,520.00	1	SACCL
	7	Incubator Memmert Germany, Model B3500	53,845.00	2	Pasig/Makati
	8	Centrifuge Dynac II w/fixed rotor 24 x 15ml	109,142.00	3	SACCL, Pasig, Makati
	9	Shaker Heidolph Circular Motion Unimax 1010 5kg	56,000.00	3	SACCL, Pasig, Makati
	10	Pipettes stand 53576-220 Sequencer H18962-0006	2,400.00	5	SACCl
	11	Multichannel pipettor 50-200ul, 8 channel	22,800.00	2	Pasig/Makati
	12	MCA444AB Nikon Alphapot Microscope YS2-HF	58,380.00	3	SACCL, Pasig, Makati
	13	Risograph GR2750	275,915.15	1	SACCL
	14	2.0HP Dual mountable air conditioner	52,880.00	1	SACCL
	15	1.5HP Window type air conditioner	16,376.00	9	H4 Ward/SLH
	16	2.0HP Window type air conditioner	21,620.00	1	H5 Ward/SLH
	17	Eliza Plate Washer 85-499	270,000.00	1	SACCL
	18	Thermal Cycler, 2400	370,000.00	1	SACCL
	19	Television 25FXR20, 25" NTSC, Stereo	29,000.00	1	Pasig
	20	Television 29FXR20, 29" NTSC, Stereo	45,000.00	1	SACCL
	21	SONY VHS SLV KS290, Hi-fi w/microphone input	12,000.00	1	SACCL
	22	Refrigerator GO-312 CA, No froze, 2 door 12 cu.ft.	20,250.00	2	Pasig/Makati
	23	TOYOTA Hi-Ace 2.4 Diesel	725,000.00	1	SACCl
	24	Vaginal Speculum (small)	250.00	200	Pasig/Makati
	25	Vaginal Speculum (medium)	250.00	200	Pasig/Makati
	26	EIKI 3200 OHP	15,000.00	12	Pasig/Makati - 10 Sentinel Sites
	27	Simda 3215 Slide Projector	24,000.00	12	Pasig/Makati - 10 Sentinel Sites
	28	Bredford OHP Screen 1005-M-50 Tripod	4,000.00	12	Pasig/Makati - 10 Sentinel Sites
	29	Standard Power pack P25 for Electrophoresis & Blotting	58,305.00	3	SACCL
	30	EIKI LC XGA 970 Multimedia Projector	330,000.00	1	SACCL
	31	Eppendorf Research Pipettor 0.5-10ul	13,767.00	1	SACCL
	32	Eppendorf Research Pipettor 2-20ul	13,767.00	8	SACCL
	33	Eppendorf Research Pipettor 100-1000ul	13,767.00	24	SACCL
	34	Vertical Electrophoresis (Hoefer SE280)	51,892.00	1	SACCL
	35	Submarine Electrophoresis	33,800.00	2	SACCL
	36	Western Blot apparatus	50,143.00	1	SACCL
	37	Power Macintosh Tower G3/750/32 mm	162,704.00	2	SACCL
	38	ABI Prism 310 Genetic analyzer	4,644,440.00	1	SACCL
	39	HP Brio Pentium 233 MMX Business system	92,700.00	5	SACCL
	40	Phillip UPS 600VA	6,000.00	5	SACCL
	41	Optical Drive 1.3 GB	74,750.00	3	SACCL
	42	Optical Drive 1.3 GB	3,150.00	10	SACCL
	43	HP Deskjet 1600C	57,970.00	2	SACCL
	44	Cryogenic cap. Up to 2mm x colored caps	12,950.00	25	SACCL
	45	Cryogenic storage box 9 x 9	280.00	25	SACCL
	46	Cryogenic storage box 5 x 5	150.00	50	SACCL

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1998	1	Examination Table	3,500.00	2	SACCL
	2	Refrigerator	28,900.00	2	Caloocan & Cavite SHC
	3	Speculums	250.00	400	Caloocan & Cavite SHC
	4	Microscope	44,000.00	2	Caloocan & Cavite SHC
	5	CO2 incubator	253,590.00	3	Region 5, Davao
	6	Incubator	53,999.00	2	Caloocan & Cavite SHC
	7	Autoclave	140,000.00	2	Caloocan & Cavite SHC
	8	Centrifuge	59,500.00	3	Caloocan & Cavite SHC
	9	Rotator	123,870.00	2	Caloocan & Cavite SHC
	10	Pipette 2 - 50 ul	6,000.00	8	SHC - Calocan & Cavite, SACCL
	11	Pipette 50 - 200 ul	7,883.00	8	SHC - Calocan & Cavite, SACCL
	12	Pipette 200 - 1000 ul	6,000.00	8	SHC - Calocan & Cavite, SACCL
	13	Multipipette	25,000.00	2	SACCL
	14	Utility Vehicle	512,960.00	1	SACCL
	15	Desk Top Computer	57,470.00	4	SHC, SACCL, NASPCP
	16	UPS	6,120.00	4	SHC, SACCL, NASPCP
	17	Printer	16,980.00	4	SHC, SACCL, NASPCP
	18	Television 20"	15,360.00	2	Caloocan & Cavite SHC
	19	Video Player, NTSC, stereo	10,360.00	2	Caloocan & Cavite SHC
	20	Airconditioner 2.5 hp, wall mounted	25,800.00	2	Caloocan & Cavite SHC
	21	Airconditioner 2.0 hp, wall mounted	23,490.00	2	Caloocan & Cavite SHC
	22	Slide Projector	24,775.00	2	Caloocan & Cavite SHC
	23	Overhead Projector	21,495.00	2	Caloocan & Cavite SHC
	24	Pipette AID w/ filter	19,148.00	4	SACCL
	25	Pipette Carousel/Rack	2,500.00	2	SACCL
	26	Cryogenic Cap. Up to 2 ml w/colored caps	5,013.00	25	SACCL
	27	Cryogenic Storage Box 50's	140.00	50	SACCL
	28	Cryogenic Storage Box 100's	400.00	20	SACCL
	29	PCR Thermal Cycler	616,000.00	1	SACCL
	30	Copier w/Feeder & sorter	140,000.00	1	Makati SHC
	31	Loop Cinerator	13,570.00	2	Caloocan & Cavite SHC
	32	Candle Jar System 36-00 x 5mm	8,560.00	2	Caloocan & Cavite SHC
	33	Candle Jar System 12-100 x 5mm	5,560.00	2	Caloocan & Cavite SHC
	34	Olympus C-900 Digital Camera	30,500.00	1	SACCL Annex - IEC
	35	Olympus 16MB Smart Media Card	3,718.00	1	SACCL Annex - IEC
	36	Intel pentium III 600 Micro Computer	73,500.00	2	SACCL Annex - IEC
	37	US Robotics 56 kbps fax modem external	5,000.00	2	SACCL Annex - IEC
	38	Iomega external zip drive (250mb)	7,700.00	2	SACCL Annex - IEC
	39	D-link 8-port 1/100 mbps hub	7,300.00	1	SACCL Annex - IEC
	40	Cables for ethernet: category 5 cable	3,800.00	1	SACCL Annex - IEC
	41	APC UPS 650VA	6,200.00	1	SACCL Annex - IEC
	42	HP 2500CM printer	43,000.00	1	SACCL Annex - IEC
	43	Ink cartridge for HP2500CM (Blk, Cyan, Magental, Yel.)	3,500.00	1	SACCL Annex - IEC
	44	HP Laserjet 5000 printer	67,500.00	1	SACCL Annex - IEC
	45	HP 3110 jet direct for HP 5000 Printer	11,500.00	1	SACCL Annex - IEC
	46	Wacom Intuos digitizer tablet w/pen USB port 12 x 18"	22,500.00	1	SACCL Annex - IEC
	47	Scanner HP 6300 w/SCSI Interface	25,500.00	1	SACCL Annex - IEC
	48	Internal CD Writer	11,500.00	1	SACCL Annex - IEC
	49	Adobe Publishing Collection for Windows	54,400.00	1	SACCL Annex - IEC
	50	Adobe Streamline	7,650.00	1	SACCL Annex - IEC
	51	Macromedia director 7.0 Windows Ver.	42,500.00	1	SACCL Annex - IEC
	52	Macromedia Dream Waver	13,000.00	1	SACCL Annex - IEC
	53	Adobe Page Mill Version 3.0	5,900.00	1	SACCL Annex - IEC
	54	MS Office 2000 Premium	41,000.00	1	SACCL Annex - IEC
	55	MS Office 2000	8,100.00	1	SACCL Annex - IEC
	56	Norton System Works for Win 95/98	4,100.00	1	SACCL Annex - IEC
	57	Windows 98 OEM	3,650.00	1	SACCL Annex - IEC
	58	Filemaker Pro Ver. 5.0 Full Product	13,000.00	1	SACCL Annex - IEC

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List of Provided Equipment
Purchased in Japanese Yen (Ex-Godown)

Year	No.	Name of Equipment	U/P(Yen)	Qty.	Location
1998	1	P3 Laboratory Unit w/2 units of Bio-safety Cabinet	67,573,800.00	1	SACCL
	2	Wagon (Model - BNTS - 204)	29,300.00	1	SACCL
	3	High Speed Micro Centrifuge	982,800.00	1	SACCL
	4	Inverted Microscope	521,000.00	2	SACCL
	5	CO2 Incubator w/ accessories (BL-321)	1,198,500.00	1	SACCL
	6	CO2 Incubator w/ accessories (BL-161)	673,000.00	1	SACCL
	7	Ultralow Freezer (Sanyo)	1,158,000.00	1	SACCL
	8	Freezer/Refrigerator (Hitachi)	335,000.00	1	SACCL
	9	Water Bath "Yamato"	171,000.00	1	SACCL
	10	Laboratory Desk	130,000.00	1	SACCL
	11	Shelf	132,000.00	1	SACCL
	12	Wagon (Model - BNTS - 201)	25,800.00	2	SACCL
	13	Autoclave "Tomy" Model: SS-325	466,800.00	1	SACCL
	14	Chair - revolving stool w/caster	12,000.00	3	SACCL
	15	Closet " Hitachi "	505,000.00	1	SACCL
	16	Centrifuge	280,000.00	1	SACCL
	17	Ultra Centrifuge	12,639,500.00	1	SACCL

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ANNEX 3

List of Trained Filipino Project Counterparts

No.	Name	Title	Term	Field
1	DR. MA. LIZA CASTRO	Med. Specialist, AIDS Unit	96/10 – 96/12	Planning & Management of AIDS Program
2	DR. DOROTHY AGDAMAG	Laboratory Chief, SLH	97/1 – 97/4	Laboratory Diagnosis of HIV/STD
3	MS. CHRISTINE MALATE	PIO, NASPCP	97/1 – 97/2	Communication Media Development
4	MS SUSAN LEAÑO	Med. Tech., SLH	97/2 – 97/5	Laboratory Diagnosis of HIV/STD
5	MS. OFELIA GASPAR	Med. Tech, BRL	97/10 – 98/4	Analysis of Nucleic Acid
6	MS. GLADYS CORTEZ	HEPO, NASPCP	98/1 – 98/5	Communication Media Development
7	DR. MA. THERESA SINGH	Pathologist, SLH	98/2 – 98/8	Laboratory Diagnosis of HIV/STD
8	DR. RONTGENE SOLANTE	Medical Specialist, SACCL	98/11 – 99/2	Opportunistic Infection in AIDS
9	MS. ADELFA ESPANTALEON	Med. Tech, SACCL	99/1 – 99/4	Laboratory Diagnosis of HIV Infection
10	MS.ROSELYN SALVADOR	Health Education & Promotion Officer, AIDS Unit	99/1 – 99/4	Information, Education, Communication
11	MS. MYRNA REYES	Med. Tech III, BRL	99/1 – 99/4	Laboratory Diagnosis of HIV Infection
12	MS. NANCY SUCGANG	Med. Tech., BRL	99/10 – 99/12	Laboratory Diagnosis of HIV Infection
13	MR. JOSEPH CARLO SANGCO	Med. Tech, SACCL	99/11 – 00/2	Laboratory Diagnosis of HIV Infection
14	DR. ROSARIO J. TACTACAN	Med. Officer IV, SLH	00/1 – 00/4	Clinical Management of HIV Infections and AIDS Opportunistic infections

ANNEX 4

INPUTS BY THE DEPARTMENT OF HEALTH:					
	JUL 96 - JUN 97	JUL 97-JUN 98	JUL 98 - JUN 99	JUL 99 - JUN 00	JUL 00 - JUN 01
1. Provision of SACCL Personnel	2 MDs, 1 MT - SLH			2 MDs, 4 MTs to be deployed	
	2 rotating MT - BRL			1 clerk, 1 utility worker	
2. Provision of part-time IEC	4 IEC Staff			1 IEC person (SLH)	
				1 clerk (SLH)	
3. Cummulative Budget Provided by DOH					
3a Personnel Services	204,847.00	918,549.00	918,549.00	918,549.00	***5,091,762.00***
3b MOOE	2,290,000.00	2,461,445.00	3,000,000.00	3,000,000.00	***9,336,757.00***
3c Capital Outlay					
3c-1 Equipment	5,494,946.00				***2,000,000.00***
3c-2 Duties and Taxes				7,000,000.00	
	7,989,793.00	**3,379,994.00**	**3,918,549.00**	**10,918,549.00**	***16,428,519.00***

ANNEX 5

SUMMARY OF ACTIVITIES OF THE DOH-JICA PROJECT

ACTIVITY	OUTPUTS (1996 – 1999)	PLANNED ACTIVITIES (FOR 2000-2001)
Physical Requirements of the Central Laboratory	Renovation of training laboratory and administrative wing of SACCL Construction of the SACCL Conference Room and IEC Building Construction of the P3 Laboratory	Provision on other essential equipment for the laboratory especially the P3 Laboratory
Testing Capabilities of SACCL	Capabilities in gonorrhea, chlamydia, syphilis, herpes, hepatitis, CMV, HIV and diagnosis of AIDS opportunistic infections like TB already in place	Strengthen skills in HIV Culture, HIV Antigen Slide development and production Develop capability in diagnosing other AIDS opportunistic infections like P. carinii and cryptosporidium Develop capability in diagnosisng other STD pathogens such as HPV and H. ducreyi
Institutionalization of SACCL	In the DOH organogram, San Lazaro Hospital shall administratively manage SACCL.	Accreditation of SACCL as the reference laboratory for STD/HIV to be formalized by NASPCP. Amendment of AO 49 s. 1988 to include SACCL as a confirmatory testing site for HIV
a) Provision of personnel to SACCL for continuous operation of the project	2 MDs, 1 MT was detailed full time by SLH to SACCL 2 MT on rotation was detailed full time by BRL 4 IEC staff detailed part-time by the	Proposed Organizational Structure of SACCL requires 6 MDs, 14 MTs, 1 Nurse, 1 Secretary, 1 AO, 1 clerk, 3 IEC personnel, 1 messenger, 1 utility worker

ACTIVITY	OUTPUT (1996 – 1999)	PLANNED ACTIVITIES (2000 – 2001)
b) Financial Support	Cumulatively, the DOH has contributed an average of 5 million pesos per anum in terms of payment for salaries of detailed employees, payment for utilities, provision of office space and some reagents needed for the operations of the project.	As submitted to the DOH and SLH, SACCL will require a total of 20 million pesos to be able to sustain the activities it was set to perform.
SACCL Research Contributions	**AGENCY RESEARCHES:** Prevalence Rates of Genital Chlamydia Infection Among High and Low Risk Groups in Metro Manila Antimicrobial Resistance Patterns of GC Among Symptomatic STD Patients **COLLABORATIVE RESEARCHES:** Risk Assessment and Other Case Finding Option for Gonorrhea and Chlamydia Infection – with RHPI Evaluation of Risk Assessment Scoring System in the Diagnosis of STD/RTIs Among Asymptomatic Female Sex Workers – with UP STD/HIV Study Group STI Prevalence Among High Risk Groups in Angeles City- with FETP	**AGENCY RESEARCHES:** Sub-typing of HIV Strains Among HIV Patients Admitted to San Lazaro Hospital Proviral Load as an Alternative Monitoring Tool for HIV Accuracy of the Nugent Scoring System in the Diagnosis of Bacterial Vaginosis v/s the 3 out of 4 Criteria Accuracy of PCR in the Diagnosis of Extra-pulmonary Tuberculosis **COLLABORATIVE RESEARCHES:** Human Immunodeficiency Virus in Plasma and Cervicovaginal Secretion in Filipino Women – with UP-PGH Department of Obstetrics and Gynecology Validation Study on STD Syndromic Case Management – with FHI and UP-CPH

ACTIVITY	OUTPUT (1996 – 1999)	PLANNED ACTIVITIES (2000 – 2001)
IEC Support to Selected SHCs	IEC package targeting CSWs developed and pilot tested in 2 pilot sites Reproduction and distribution of Flipcharts on Basic Facts about HIV Development and reproduction of Video tape on HIV for college students Computer Literacy Training Courses – held in support of NGO activities	Training of SHC HEPOs regarding the use of the IEC Package Distribution of the IEC Package Development and reproduction of IEC materials on STD Development and reproduction of teaching modules for laboratory training Computer Training Course for SHC Staff on Basic Analysis of Raw Data Using Epi-Info
Training	8 Training Courses have been conducted by SACCL, 7 of which were Basic Training Courses for the Diagnosis and Management of STD/HIV and 1 STD/HIV Proficiency Training Course for Medical Technologists 1 Training Course for Cambodian Laboratory Staff on STD/HIV Diagnosis 1 Workshop for Philippine Venereologists on Recent Technologies in the Diagnosis of STD/HIV	Training of the Women's Health and Safe Motherhood Project Priority Sites – RHU's (4 training courses) Training of other selected SHCs (2 courses) Proficiency Training Course (1 course) Training of SLH Physicians on the Diagnosis and Management of STD/HIV Workshop for the Philippine Society for Pathologists on the Recent Diagnostic Technology in HIV/STD
Monitoring and Evaluation	9 of the 12 Regions trained has been monitored and evaluated.	Monitoring of NCR, Region 9, Region 4 and all STD/HIV Sentinel Sites Commencement of Quality Assurance Program to all trained SHCs Initial steps towards kit evaluation and issuance of recommended testing kits to the STD labs will be undertaken.

ACTIVITY	OUTPUT (1996 – 1999)	PLANNED ACTIVITIES (2000 – 2001)
Upgrading of Selected Social Hygiene Clinics	A total of 4 Social Hygiene Clinics have been upgraded in terms of equipment and capability building.	Upgrading of 12 sentinel sites in terms of equipment and capability building. Assistance to 20 selected Social Hygiene Clinics.

ANNEX 6

SCHEDULE OF PROJECT IMPLEMENTATION *ACTIVITIES*	YEAR 1 JUL 96-JUN 97	YEAR 2 JUL 97-JUN 98	YEAR 3 JUL 98-JUN 99	YEAR 4 JUL 99-JUN 00		YEAR 5 JUL 00-JUN 01	
1. Establishment of an AIDS/STD Central Laboratory and Core National Referral system							
1.1 Cooperative Central Laboratory							
1.1a Physical Facility and Equipment Strengthening							
1.1b Organizational capability (bacteriology, virology serology and others)							
1.1c Serological Confirmatory Testing							
1.1d Diagnosis of AIDS Opportunistic Infections							
				Pneumocystis		Cryptosporidium	
1.1e Training							
1.1f Surveillance System							
1.1g Etiology Based Diagnosis							
1.1h Pertinent Research Work and Monitoring							
1.2 National Referral System							
1.2a Selection of Sentinel Sites							
1.2b Capability and Equipment Strengthening							
1.2c Establishment of Referral System by linking SACCL to selected centers							
1.2d Pertinent Research Work for the above, monitoring and evaluation							
2. Strengthening of the Function of AIDS/STD Prevention at Local Public Health Centers							
2.1a Selection of Centers and NGO							
2.1b Capability Building and Provision of Equipment							
2.1c Pertinent Research Work for Above, Monitoring and Evaluation							
3. Development of IEC Materials							
3.1a Development of IEC Package							
3.1b Computer Literacy Workshop							
3.1c Production and circulation of IEC Materials							

LEGEND: Accomplished Planned

ANNEX 7

PROJECT DESIGN MATRIX FOR JICA-SACCL PROJECT
MAY 1999-JUNE 2000

NARRATIVE SUMMARY	VERIFIABLE INDICATORS	MEANS TO VERIFY	IMPORTANT ASSUMPTIONS
Overall Goal: Enhance the STD-AIDS prevention and control strategies.			
Project Purpose: National and local capacities to address STD-AIDS concern is strengthened.	1. Increase in the number of clients/beneficiaries that access STD-AIDS services. 2. Increase in diagnosis and treatment of STD cases.	SACCL Records SHC Records Laboratory/Clinic Records	DOH frame conditions remain favorable to institutionalization.
Outputs/Results: 1. Diagnostic capabilities for STD of San Lazaro Hospital is fully established.	1.1 Physical requirements for Reference Lab. Completed by end of 1999. 1.2. Testing capabilities of SACCL are developed. 1.3. Existing capabilities for Herpes, Chlamydia, Syphillis, etc. are sustained. 1.4. NASPCP accreditation as reference lab for STD Diagnosis & Training formalized by June, 2001. 1.5. DOH accreditation for confirmatory lab for HIV formalized by end of 2000. 1.6. Nat'l. Reference System is in place through the network with the improved model site SHCs. 1.7. Reference lab services for STD and testing capabilities for HIV and its opportunistic infection of SLH patients is provided. 1.8. Personnel and financial requirements for the continuous operation of SACCL as a reference lab is integrated in the regular plantilla and budget of SLH. 1.9. Pay for service schemes to sustain service		SLH remains to be a National Center for Management of Infectious Diseases. Facilities are provided and Budget for establishing a lab is allocated.

NARRATIVE SUMMARY	VERIFIABLE INDICATORS	MEANS TO VERIFY	IMPORTANT ASSUMPTIONS
	delivery are tested by year 2000.		
2. Selected SHCs upgraded in terms of lab testing, IEC, STD management	2.1. SHCs are able to operate according to established set quality assurance standards. 2.2. Quality assurance standards for specific STD lab services, waste disposal procedures are established and regularly monitored starting 2000. 2.3 SHCs regularly conduct IEC programs using Project IEC package. 2.4. Supply system to ensure affordable cost of consumable lab materials (e.g. media culture) is in place. 2.5. Pay for services collection and utilization schemes at SHC level is developed and tested.	Review of Records	SHCs continue to want upgrading in testing capabilities.
3. Institutionalization of SACCL into DOH-SLH initiated.	3.1. By January 2000, an Administrative Order delineating functions and clarifications of inter-agency is agreed and disseminated. 3.2. National Reference Center policy and SLH mandate confirmed to hospital based services. 3.3. SACCL participates in relevant DOH Task Forces.	Administrative Order signifying mandate. Copy of National policy Minutes of Meeting	
4. SACCL Training function on STD/HIV prevention diagnosis and treatment is recognized/accredited and courses are implemented.	4.1. DOH recognition as STD Training Institution and as HIV Collaborative Training Organization are obtained by 2000. 4.2. Accredited STD Proficiency Training Courses are regularly conducted. 4.3. Accredited Physicians' Courses conducted (e.g. Lab Diag & Mgt. Of STD/HIV & AIDS Opp. Infections). 4.4. STD Proficiency testing conducted periodically starting 2000. 4.5. Quality Assurance Program for STD is developed and pilot tested.	Administrative Order signifying mandate. Number of courses conducted and number of physicians trained. Copy of professional courses curriculum Number of med-techs trained.	SHCs interest to attend courses is sustained

NARRATIVE SUMMARY	VERIFIABLE INDICATORS	MEANS TO VERIFY	IMPORTANT ASSUMPTIONS
5. SACCL Research contribution is maximized.	5.1. At least 1 research per year is completed using data gathered by SACCL. 5.2. Process for research identification, prioritization and sharing/exchange and utilizatiuon of research results are set-up. 5.3. Relevant researches with research funds are mobilized for identified needs of SHCs i.e. ___ Makati community based in-depth study on Syphillis among housewives ____ Pasig-rising incidence of Chlamydia among commercial service workers. 5.4. Majority of SACCL physicians is able to write up research protocol preparation by end of project.	Published research papers	SHCs willing to continue the activities for upgrading.
6. Support to NASPCP IEC activities in selected SHCs provided.	6.1. STD/HIV IEC intervention package pilot tested, documented and finalized by 1999 (Educational Package for Health Educators). 6.2. Effectiveness study of Educ. Package for Health Educators with initial sites on IEC intervention package conducted and disseminated. 6.3. At least 2 trained health educators are able to use the package in each targeted SHC & NGO. 6.4. IEC unit personnel able to develop and produce IEC package on their own starting ___.	A copy of the IEC package. Copy of IEC Study Copies of IEC packages developed	

RESULT 1: Diagnostic capability for STD of San Lazaro Hospital is fully established.	RESULT 2: Selected SHCs upgraded in terms of lab testing, IEC, STD management	RESULT 3: Institutionalization of SACCL into DOH-SLH initiated.	RESULT 4: SACCL Training function on STD/HIV prevention diagnosis and treatment is recognized/accredited and courses are implemented.	RESULT 5: SACCL Research contribution is maximized.	RESULT 6: Support to NASPCP IEC activities in selected SHCs provided.
ACTIVITIES:	**ACTIVITIES:**	**ACTIVITIES:**	**ACTIVITIES:**	**ACTIVITIES:**	**ACTIVITIES:**
1.1. Integrate STD lab diagnosis as part of SLH lab activities 1.2. Rotate personnel (lab/MD) from SLH on lab diagnosis of STD at SACCL. 1.3. Expedite installation of P3 laboratory. 1.4. Apply technology on HIV Culture/Ag Preparation/Drug resist. 1.5. Ensure that SACCL obtains the mandate for confirmatory testing of HIV. 1.6. Implement Quality Control measures in selected SHCs. 1.7. Resolve conflicting results referred. Do further testing. 1.8. Seek approval from SLH management to collect pay for services.	2.1. Formulate work & financial plan to include MOA & planitilla position, budget for maintenance cost and operating expenses. 2.2. Establish QA standards to recording & reporting, waste treatment & disposal, supplies, mat'l., & equip't., staff capability in the diagnosis & mgt. Of cases, facility laboratory and testing. 2.3. Provide a procurement system to ensure adequate supply of regents. 2.4. Conduct training on STD/AIDS IEC package to SHCs and HC staff. 2.5. Reproduce relevant IEC materials. 2.6. Ensure effective referral system with DOH labs & other private agencies through regular meetings and feedbacks. 2.7. Provide supervision and monitoring of checklist. 2.8. Review and replan 2.9. Identify alternative financing scheme. 2.10. Establish a data bank for STD prevalence for CSW and other clients.	3.1. Convene NAAC on June 21, 1999 for presentation and consensus-building on endorsement of DOH. 3.2. Workshop with JCC on the 4th Q of 1999 for SACCL Roles/Responsibilities and Institutional Arrangement in drafting the A.O. 3.3. Present to Execom by 1st Q of 2000 the revisions? and dissemination of the approval of A.O. 3.4. Conduct an Implementation Planning Workshop by the 1st Q of 2000 on work and financial plan.	4.1. Set criteria for eligible MTs trainees for Prof. Trng. Course. 4.2. Conduct at least 2 STD Trng Course/yr. For MTs (Proficiency). 4.3. Conduct at least 2 lab Dx & Mgt on STD/HIV Course/yr for MDs. 4.4. conduct at least 1 Collaborative Trng for HIV Proficiency with BRL. 4.5. Monitor/evaluate all trainees at least once a year. 4.6. Develop QAP for STD Lab Dx. 4.7. Collate & disseminate QA results among trainees. 4.8. Conduct representation activities to obtain DOH and PRC accreditation.	5.1. Collect & analyze clinical and laboratory data monthly. 5.2. Make an annual report of SACCL activities. 5.4. Meet regularly among SACCL staff re: journal club, troubleshooting & data discussion. 5.5. Invite institutions to exchange research ideas and proposals. 5.6. Consult regularly with statisticians or epidemiologist. 5.7. Attend seminars/conferences related to STD/HIV AIDS. 5.8. Learn how to make an experiment record, data collection and analysis. 5.9. Publish at least 1 research paper a year.	6.1. Produce the IEC package. 6.2. Train HEPOs of Pasig and Makati. 6.3. Pre-test the package in Pasig & Makati. 6.4. Revise the package. 6.5. Reproduce the revised package. 6.6. Set criteria for the selection of SHCs. 6.7. Select SHCs. 6.8. Train HEPOs of the selected SHCs. 6.9. Provide IEC equipment to selected SHCs. 6.10. Distribute the package to selected SHCs. 6.11. Monitor the use of the package. 6.12. Conduct joint feedback sessions on the usefulness of the package. 6.13. Identify and train the field of specialization of each staff.

JOINT COORDINATING COMMITTEE MEETING

(DOH-JICA AIDS/STD Project)

March 14, 2000 (Tuesday) 1:30 PM

SACCL Annex (Health Education and Promotion Center)
San Lazaro Hospital Compound

AGENDA

Call to Order

I. Confirmation of the Minutes of the Joint Coordinating Committee Meeting last December 14, 2000

II. For Presentation

- Review of Accomplishments of the Project
- Planned Activities for the rest of the Project Life (2000 – 2001)
- Looking into the Future Plans

III. For Discussion

- Confirmation of the positioning of SACCL in the organization chart of the DOH (budget, personnel etc.)
  a) mandate
  b) personnel compliment
  c) budget
- Operation Issues and Concerns
- Proposal for Second Phase Project

IV. Other Matters

- Project Design Matrix – the need to supplement initial PDM

V. Schedule of next JCC Meeting

VI. Signing of the Minutes of the Meeting

Minutes of the Meeting

Joint Coordinating Committee Meeting (DOH - JICA AIDS Project)
March 14, 2000 (1:30pm – 4:00 p.m.)
SACCL Annex, Health Education and Promotion Center, San Lazaro Hospital Compound

In attendance:

Dr. Milagros Fernandez	- Undersecretary, OPHS
Dr. Loreto B. Roquero, Jr	- Director III, NASPCP
Dr. Veneracion D. Pacis-Munar	- Director IV, BRL
Dr. Rosita De Leon	- Division Chief, BRL
Dr. Benito F. Arca	- Medical Center Chief II, SLH
Dr. Gemiliano Aligui	- Assistant Director, RITM
Ms. Remedios Paulino	- Director, FACS
Dr. Remigio Olveda	- Director, Biological Production Service – DOH
Mr. Dune Aranjuez	- NEDA Representative
Dr. Takashi Kurimura	- Leader, Japanese Advisory Team
Mr. Kenichi Ito	- Member, Japanese Advisory Team
Mr. Hideo Ono	- JICA Resident Representative
Mr. Tomoya Yoshida	- JICA Assistant Resident Representative
Ms. Maita Alcampado	- JICA Project Liaison Officer
Dr. Hiroshi Teraoka	- Chief Advisor, JICA AIDS/STD Project
Mr. Yoshinori Terasaki	- JICA Program Coordinator
Dr. Shinichi Morimatsu	- JICA Virology Expert
Mr. Yoshinori Yamashiro	- JICA IEC Expert
Dr. Dorothy May Agdamag	- Head, SACCL / SLH
Dr. Ma. Theresa Singh	- Medical Specialist IV, SACCL / SLH
Dr. Rontgene M. Solante	- Medical Specialist, SACCL / SLH

The meeting was called to order at 1:35 PM by the presiding officer Usec Milagros Fernandez.

Conforme:

Milagros L. Fernandez, MD, MPH
Undersecretary, OPHS
Department of Health

Hiroshi Teraoka, PhD
Chief Advisor
JICA AIDS/STD Project

Loreto B. Roquero, Jr, MD, MPH
Director III, NASPCP
Department of Health

Dorothy May Agdamag, MD
Chief of Laboratory
JICA-SACCL/SLH

Prepared by:

Ma. Theresa A. Singh, MD
Assistant Technical Adviser

➢ Confirmation of the Minutes of the Joint Coordinating Committee Meeting	• Usec Milagros Fernandez presided the meeting and reviewed the previous minutes.	• The body confirmed the minutes of the Joint Coordinating Committee Meeting held last December 14, 1999.	• DOH • JICA/SACCL
➢ Accomplishments of the Project	• Dr. Agdamag presented the accomplishments of SACCL starting with the physical facilities which has already been completed including the P3 laboratory; the diagnostic testing capabilities currently available at the lab; the institutionalization of SACCL; the IEC support that were given to selected SHCs; trainings conducted as well as the monitoring and evaluation done; upgrading of social hygiene clinics and the researches that were done as well as the on-going ones.		• SACCL/JICA
➢ Inputs by the DOH	• Laboratory and IEC personnel complement to SACCL. The budget ~~that~~ allotted to support SACCL.	• San Lazaro Hospital detailed three (3) personnel on a permanent basis to SACCL while BRL is sending two (2) personnel on a 6-months rotation alternately. IEC personnel from NASPCP also helped out in the project. • The ~~utilities of SACCL are being~~ paid by SLH.	• SLH • BRL • NASPCP-DOH

➢ Activities Planned by SACCL	• Dr. Agdamag discussed the activities planned by SACCL up to the end of the project in 2001. • With the P3 lab already set up, production of antigen slides for HIV detection will now be possible. • To develop further capabilities to diagnose HPV and H. ducreyi.	• SACCL can help out in the kit development for HIV diagnosis. • To undergo future training.	• SACCL/JICA
➢ National Laboratory Network Center	• Dr. Olveda discussed the set-up of the National Laboratory Network Center. He explained in detailed the functions of each section and clearly defines the specific roles, activities and relations of each division.	• Construction of the CDC will start soon in RITM, Alabang.	• RITM/DOH
➢ SACCL's Position in the organization chart of the DOH	• SACCL will be included in the lab network center as the reference laboratory for STI's and as a satellite confirmatory center for HIV diagnosis. • As a collaborating agency for HIV kit development and as the main agency for STD kit development. • Additional laboratory personnel needed because of the wider scope of work given to SACCL.	• Usec Fernandez said that SACCL will be administratively managed by SLH until the Laboratory Network is established. • P3 laboratory is now operational. • Awaiting the deployment of personnel from DOH (re-engineering). SLH will continue to support SACCL in terms of manpower and budget until Laboratory network is established & functional.	• DOH/SLH • SACCL • DOH

➢ Proposal for Second Phase Project	• Taking off from the gains and gaps in the existing project and the current needs of the NASPCP, Dr. Roquero presented the proposal for the establishment of an HIV/AIDS/STD support network in the Philippines. The set-up of the implementing organizations was clearly discussed. This was the output of the recent Project Proposal Workshop held last February with the major stakeholders of the program.	• SACCL was named as one of the major collaborating partners. DOH-NASPCP will still be the implementing agency. • Usec Fernandez mentioned that Secretary Romualdez has agreed to endorse the proposal to NEDA	• NASPCP/DOH • NASPCP/DOH
➢ Schedule of the next JCC meeting	• It was suggested that a meeting should be held prior to the Final Evaluation Team visits on November 2000.	• October 10, 2000 at 1:30 PM, SACCL Annex Bldg.	• DOH/JICA Project

③ 前回合同調整委員会の議事録

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Highlights of the Meeting

Joint Coordinating Committee Meeting (DOH - JICA AIDS Project)
December 14, 1999 (1:30pm – 3:00 pm)
SACCL Annex, Health Education and Promotion Center, San Lazaro Hospital Compound

In attendance:

Dr. Milagros Fernandez	- Undersecretary, OPHS
Dr. Loreto B. Roquero, Jr	- Director III, NASPCP
Dr. Veneracion D. Pacis-Munar	- Director IV, BRL
Dr. Benito F. Arca	- Medical Center Chief II, SLH
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Mr. Tomoya Yoshida	- JICA Assistant Resident Representative
Dr. Hiroshi Teraoka	- Chief Advisor, JICA AIDS/STD Project
Mr. Yoshinori Terasaki	- JICA Program Coordinator
Mr. Yoshinori Yamashiro	- JICA IEC Expert
Dr. Dorothy May Agdamag	- Head, SACCL / SLH
Dr. Ma. Theresa Singh	- Medical Officer IV, SACCL / SLH
Dr. Gloria L. Tan	- Division Chief, BRL
Ms. Amelia C. Cabitac	- BRL
Ms. Jocelyn T. Sosito	- FACS
Dr. Gladys Mauricio	- Public Health Coordinator, JICA-DOH

The meeting was called to order at 1:35 PM by the presiding officer Usec Milagros Fernandez.

Conforme:

Milagros L. Fernandez, MD, MPH
Undersecretary, OPHS
Department of Health

Hiroshi Teraoka, PhD
Chief Advisor
JICA AIDS/STD Project

Loreto B. Roquero, Jr, MD, MPH
Director III, NASPCP
Department of Health

Dorothy May Agdamag, MD
Chief of Laboratory
JICA-SACCL/SLH

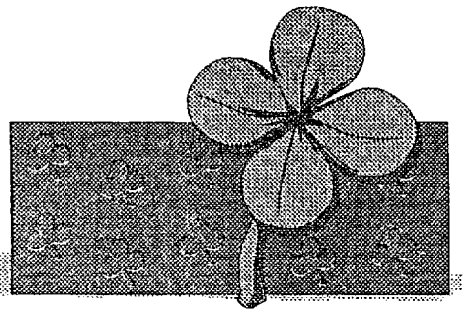
Prepared by:

Gladys L. Mauricio, MD, MPH
Public Health Coordinator
DOH-JICA AIDS/STD Project

AGENDA / ISSUES RAISED	DISCUSSION/COMMENTS CLARIFICATIONS	DECISIONS/ACTIONS	LOCUS OF RESPONSIBILITY
➢ Confirmation of the Record of Discussions	• The chair reviewed the members of the Philippine counterpart responsible for the implementation of the Project. • New set of members are the following: Dr. Milagros Fernandez - OPHS Dr. Zenaida Ludovice - OPHS Dr. Loreto Roquero, Jr - NASPCP Dr. Benito F. Arca - SLH Dr. Remigio Olveda - RITM		• JICA / SACCL
➢ Institutionalization of SACCL	• Dr. Agdamag presented the proposed organizational chart and staffing pattern of SACCL. Like wise, presented was the proposed corresponding budget based on the yearly expenditures incurred during the last 3 years of SACCL operation. • The Chair was asked where would SACCL be in the re-engineered DOH.	• SACCL will be under CDC. • The Chair requested Dr. Agdamag to sit-in during the DOH cluster meeting on Dec 21, 1999 •	• DOH • SACCL
➢ Amendment of A.O. No. 55-series 1989	• Amendment to Section 9 of the AO to include SACCL as one of the referral laboratories for HIV antibody test	• Assistant Director of RITM suggested that amendment should be done awaiting finalization of	• NASPCP, DOH

	confirmation.	the re-engineering for the purpose of making it coherent with the new vision of the re-engineered DOH.	
➢ Cebu Medical Society	• JICA is willing to fund CMS to be developed as a referral laboratory.	• CMS should submit the proposal to DOH for review and endorsement to JICA. • The CMS project should not duplicate the work of the SHC. • The CMS Project caters to a different target population not addressed by the activities of the SHC	• CMS and DOH
➢ Proposal by the Philippine Government to JICA Grant/Aid through NEDA re: renovation of SHCs	• LGU through DOH should submit a proposal for building or renovation of SHCs however there is no guarantee that the proposal will be accepted.		• LGU & DOH
➢ Other matters: Expansion of the Project	• JICA is amenable to proposed extension of the Project • The Philippine government should submit a proposal. Project proposal should be ready by March 2000.	• Major implementors should sit down and make the proposal.	• NASPCP JICA
➢ Schedule of the next JCC meeting	• Suggested that JCC meeting should be bi-annual	• March 14, 2000 - sched of next meeting	• DOH-JICA Project

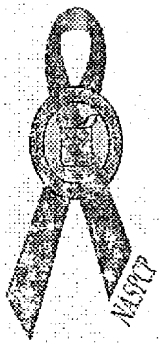
Project Design Matrix



- *subject to change w/in framework of record of discussion*
- *when necessity arises in the course of project implementation*

Reasons for Revision

- to supplement but not to replace
- clarification of project purpose & outputs
- identification of indicators & means to verify
- validation of assumptions
- elucidation of activities



Project Design Matrix for the AIDS Project in the Philippines

Narrative Summary	Verifiable Indicators	Means of Verifiable Indicators	Important Assumptions
Overall Goal The overall goal of the Project is to assist the Department of Health in the prevention and control of AIDS in the Philippines.			The Philippine Government keeps AIDS prevention as a priority
Project Purpose 1. Establishment of an AIDS cooperative central laboratory and a core national referral system. 2. Strengthening of the function of AIDS prevention at local public health centers		Field survey	
Outputs 1-1 Cooperative Central Laboratory (CCL) 1-2 The national referral system 2. The function of AIDS prevention at local public health centers is strengthened.	1-1 Quality and quantity of facilities and personnel 1-2 Record of reference 2 Number of training courses and participants Quality and quantity of IEC materials		Facilities are provided and the budget for establishing a laboratory is allocated. Commitment of LGUs. Smooth coordination among DOH, LGUs and NGOs.
Activities **1-1 Cooperative Central Laboratory (CCL)** 1-1-1 Physical facilities and equipment strengthening 1-1-2 Organizational capability (bacteriology, virology, serology and others) 1-1-3 Serological confirmatory testing of HIV 1-1-4 Diagnosis of AIDS opportunistic infections 1-1-5 Training capability building 1-1-6 Surveillance system 1-1-7 Etiology based diagnosis 1-1-8 Pertinent research work for the above, monitoring and evaluation **1-2 The national referral system** 1-2-1 Selection of model sites 1-2-2 Their physical and capability strengthening 1-2-3 Establishment of the referral system by linking the CCL and the selected centers 1-2-4 Pertinent research work for the above, monitoring and evaluation **2. Strengthening of the function of AIDS prevention at local public health centers.** 2-1 Selection of the centers and NGOs 2-2 Their physical and capability strengthening including staff training and provision of equipment 2-3 Development of IEC materials 2-4 Pertinent research work for the above, monitoring and evaluation.	Input Japanese side · expert (1)Virology/Serology in HIV/AIDS (2)Bacteriology (3)Epidemiology/Public health in HIV/AIDS (4)AIDS opportunistic infections (5)STD and other fields mutually agreed upon as needed · equipment · training of the Philippine counterparts in Japan Philippine side · counterpart personnel · budgeting · office space · supporting system		PRE-CONDITIONS 1. The concept of the Project is fully understood and supported by the Department of Health and other relevant organizations. 2. Input is executed properly.

Note: This matrix is subject to change within the framework of the Record of Discussions when the necessity arises in the course of the Project implementation.

PROJECT DESIGN MATRIX FOR JICA-SACCL PROJECT
MAY 1999-JUNE 2000

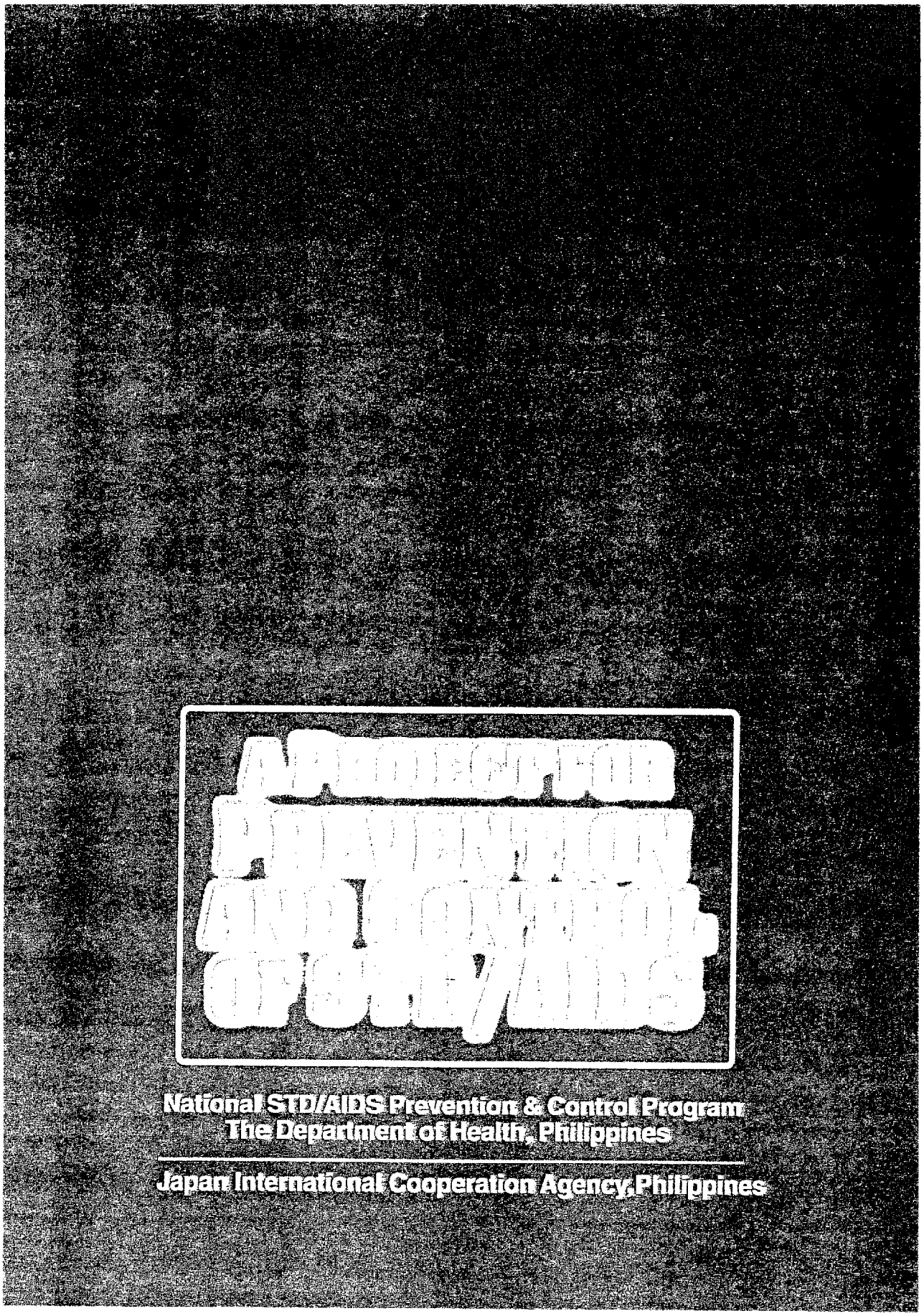
NARRATIVE SUMMARY	VERIFIABLE INDICATORS	MEANS TO VERIFY	IMPORTANT ASSUMPTIONS
Overall Goal: Enhance the STD-AIDS prevention and control strategies.			
Project Purpose: National and local capacities to address STD-AIDS concern is strengthened.	1. Increase in the number of clients/beneficiaries that access STD-AIDS services. 2. Increase in diagnosis and treatment of STD cases.	SACCL Records SHC Records Laboratory/Clinic Records	DOH frame conditions remain favorable to institutionalization.
Outputs/Results: 1. Diagnostic capabilities for STD of San Lazaro Hospital is fully established.	1.1 Physical requirements for Reference Lab. Completed by end of 1999. 1.2. Testing capabilities of SACCL are developed. 1.3. Existing capabilities for Herpes, Chlamydia, Syphillis, etc. are sustained. 1.4. NASPCP accreditation as reference lab for STD Diagnosis & Training formalized by June, 2001. 1.5. DOH accreditation for confirmatory lab for HIV formalized by end of 2000. 1.6. Nat'l. Reference System is in place through the network with the improved model site SHCs. 1.7. Reference lab services for STD and testing capabilities for HIV and its opportunistic infection of SLH patients is provided. 1.8. Personnel and financial requirements for the continuous operation of SACCL as a reference lab is integrated in the regular plantilla and budget of SLH. 1.9. Pay for service schemes to sustain service delivery are tested by year 2000.		SLH remains to be a National Center for Management of Infectious Diseases. Facilities are provided and Budget for establishing a lab is allocated.

NARRATIVE SUMMARY	VERIFIABLE INDICATORS	MEANS TO VERIFY	IMPORTANT ASSUMPTIONS
2. Selected SHCs upgraded in terms of lab testing, IEC, STD management	2.1. SHCs are able to operate according to established set quality assurance standards. 2.2. Quality assurance standards for specific STD lab services, waste disposal procedures are established and regularly monitored starting 2000. 2.3 SHCs regularly conduct IEC programs using Project IEC package. 2.4. Supply system to ensure affordable cost of consumable lab materials (e.g. media culture) is in place. 2.5. Pay for services collection and utilization schemes at SHC level is developed and tested.	Review of Records	SHCs continue to want upgrading in testing capabilities.
3. Institutionalization of SACCL into DOH-SLH initiated.	3.1. By January 2000, an Administrative Order delineating functions and clarifications of inter-agency is agreed and disseminated. 3.2. National Reference Center policy and SLH mandate confirmed to hospital based services. 3.3. SACCL participates in relevant DOH Task Forces.	Administrative Order signifying mandate. Copy of National policy Minutes of Meeting	
4. SACCL Training function on STD/HIV prevention diagnosis and treatment is recognized/accredited and courses are implemented.	4.1. DOH recognition as STD Training Institution and as HIV Collaborative Training Organization are obtained by 2000. 4.2. Accredited STD Proficiency Training Courses are regularly conducted. 4.3. Accredited Physicians' Courses conducted (e.g. Lab Diag & Mgt. Of STD/HIV & AIDS Opp. Infections). 4.4. STD Proficiency testing conducted periodically starting 2000. 4.5. Quality Assurance Program for STD is developed and pilot tested.	Administrative Order signifying mandate. Number of courses conducted and number of physicians trained. Copy of professional courses curriculum Number of med-techs trained.	SHCs interest to attend courses is sustained

NARRATIVE SUMMARY	VERIFIABLE INDICATORS	MEANS TO VERIFY	IMPORTANT ASSUMPTIONS
5. SACCL Research contribution is maximized.	5.1. At least 1 research per year is completed using data gathered by SACCL. 5.2. Process for research identification, prioritization and sharing/exchange and utilizatiuon of research results are set-up. 5.3. Relevant researches with research funds are mobilized for identified needs of SHCs i.e. ___ Makati community based in-depth study on Syphillis among housewives ____ Pasig-rising incidence of Chlamydia among commercial service workers. 5.4. Majority of SACCL physicians is able to write up research protocol preparation by end of project.	Published research papers	SHCs willing to continue the activities for upgrading.
6. Support to NASPCP IEC activities in selected SHCs provided.	6.1. STD/HIV IEC intervention package pilot tested, documented and finalized by 1999 (Educational Package for Health Educators). 6.2. Effectiveness study of Educ. Package for Health Educators with initial sites on IEC intervention package conducted and disseminated. 6.3. At least 2 trained health educators are able to use the package in each targeted SHC & NGO. 6.4. IEC unit personnel able to develop and produce IEC package on their own starting ___.	A copy of the IEC package. Copy of IEC Study Copies of IEC packages developed	

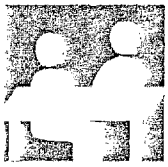
RESULT 1: Diagnostic capability for STD of San Lazaro Hospital is fully established.	RESULT 2: Selected SHCs upgraded in terms of lab testing, IEC, STD management	RESULT 3: Institutionalization of SACCL into DOH-SLH initiated.	RESULT 4: SACCL Training function on STD/HIV prevention diagnosis and treatment is recognized/accredited and courses are implemented.	RESULT 5: SACCL Research contribution is maximized.	RESULT 6: Support to NASPCP IEC activities in selected SHCs provided.
ACTIVITIES:	**ACTIVITIES:**	**ACTIVITIES:**	**ACTIVITIES:**	**ACTIVITIES:**	**ACTIVITIES:**
1.1. Integrate STD lab diagnosis as part of SLH lab activities 1.2. Rotate personnel (lab/MD) from SLH on lab diagnosis of STD at SACCL. 1.3. Expedite installation of P3 laboratory. 1.4. Apply technology on HIV Culture/Ag Preparation/Drug resist. 1.5. Ensure that SACCL obtains the mandate for confirmatory testing of HIV. 1.6. Implement Quality Control measures in selected SHCs. 1.7. Resolve conflicting results referred. Do further testing. 1.8. Seek approval from SLH management to collect pay for services.	2.1.Formulate work & financial plan to include MOA & planitilla position, budget for maintenance cost and operating expenses. 2.2.Establish QA standards to recording & reporting, waste treatment & disposal, supplies, mat'l., & equip't., staff capability in the diagnosis & mgt. Of cases, facility laboratory and testing. 2.3.Provide a procurement system to ensure adequate supply of regents. 2.4.Conduct training on STD/AIDS IEC package to SHCs and HC staff. 2.5.Reproduce relevant IEC materials. 2.6. Ensure effective referral system with DOH labs & other private agencies through regular meetings and feedbacks. 2.7. Provide supervision and monitoring of checklist. 2.8. Review and replan 2.9. Identify alternative financing scheme. 2.10.Establish a data bank for STD prevalence for CSW and other clients.	3.1. Convene NAAC on June 21, 1999 for presentation and consensus-building on endorsement of DOH. 3.2. Workshop with JCC on the 4th Q of 1999 for SACCL Roles/Responsibilities and Institutional Arrangement in drafting the A.O. 3.3. Present to Execom by 1st Q of 2000 the revisions? and dissemination of the approval of A.O. 3.4. Conduct an Implementation Planning Workshop by the 1st Q of 2000 on work and financial plan.	4.1. Set criteria for eligible MTs trainees for Prof. Trng. Course. 4.2. Conduct at least 2 STD Trng Course/yr. For MTs (Proficiency). 4.3.Conduct at least 2 lab Dx & Mgt on STD/HIV Course/yr for MDs. 4.4. conduct at least 1 Collaborative Trng for HIV Proficiency with BRL. 4.5. Monitor/evaluate all trainees at least once a year. 4.6. Develop QAP for STD Lab Dx. 4.7. Collate & disseminate QA results among trainees. 4.8. Conduct representation activities to obtain DOH and PRC accreditation.	5.1. Collect & analyze clinical and laboratory data monthly. 5.2. Make an annual report of SACCL activities. 5.4. Meet regularly among SACCL staff re: journal club, troubleshooting & data discussion. 5.5. Invite institutions to exchange research ideas and proposals. 5.6. Consult regularly with statisticians or epidemiologist. 5.7. Attend seminars/conferences related to STD/HIV AIDS. 5.8. Learn how to make an experiment record, data collection and analysis. 5.9. Publish at least 1 research paper a year.	6.1. Produce the IEC package. 6.2. Train HEPOs of Pasig and Makati. 6.3. Pre-test the package in Pasig & Makati. 6.4. Revise the package. 6.5. Reproduce the revised package. 6.6. Set criteria for the selection of SHCs. 6.7. Select SHCs. 6.8. Train HEPOs of the selected SHCs. 6.9. Provide IEC equipment to selected SHCs. 6.10. Distribute the package to selected SHCs. 6.11. Monitor the use of the package. 6.12. Conduct joint feedback sessions on the usefulness of the package. 6.13. Identify and train the field of specialization of each staff.

⑤　プロジェクト紹介パンフレット



EXECUTIVE SUMMARY

The first case of AIDS was found in 1984 in the Philippines. Since then, over 1,168 HIV positives have been reported to the Department of Health's (DOH) AIDS registry as of December 1998. According to the records available at the DOH, majority of the transmission occurred through heterosexual intercourse. The infection in the country is deemed at nascent stage, still the DOH has been vigorously implementing the National AIDS/STD Prevention and Control Program (NASPCP) because the risks for the explosion such as intravenous drug use, having multiple sex partners and low and inconsistent condom use exist in the country.



In 1994, the JICA AIDS survey team visited the Philippines and made recommendations to assist the DOH in the areas of

- strengthening laboratory testing capability for HIV in connection with the HIV sentinel surveillance system and blood safety program;
- training of personnel involved in the prevention and control of STD and HIV/AIDS; and

- facilitating health education activities for the general population and people exposed to higher risk of infection.

The DOH entered into an agreement with JICA on March 25, 1996 to implement an STD/AIDS prevention and control project for a term of five (5) years, in the framework of the Second Medium Term Plan of the National AIDS/STD Prevention and Control Program.

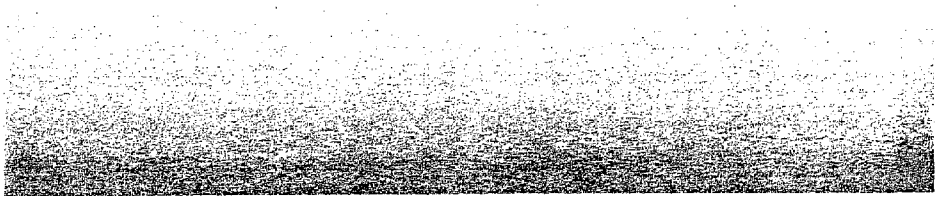
The above mentioned JICA-DOH Project started its implementation in July 1996 which specifically aims

1) to establish an STD/AIDS Cooperative Central Laboratory (SACCL) for diagnosis, training, research and surveillance;
2) to upgrade selected Social Hygiene Clinics (SHCs) in their laboratory diagnosis, treatment, counseling and IEC activities for the prevention of AIDS and STDs; and
3) to assist NGOs in their laboratory diagnosis, counseling and IEC activities.

To date, the envisioned SACCL building was already fully renovated and the required technology for laboratory diagnostic procedures for STD/AIDS and opportunistic infections are being transferred by Japanese experts.

The project hopes to upgrade several SHCs nationwide. For a start, two SHCs in Metro Manila have been upgraded as pilot sites and more SHCs will be selected and upgraded during the course of the project.

At the moment, a number of activities are being conducted through the project to strengthen the STD/AIDS related IEC activities of the national program and other partner NGOs. A basic survey for the development of an IEC package for use by SHC health educators targeting SHC clients was completed. A package of IEC materials will be developed in 1999. Another initiative conducted was a baseline survey targeting the adolescents and the appropriate intervention based on the results of the study is being planned.



CONTENTS

Background of the Japanese Assistance and the Japanese Global Issues Initiative on Population and AIDS 48

Justification of the Assistance 49

STD/AIDS Situation in the Philippines 50

What is the JICA Project on the Prevention and Control of STD/AIDS? 51

- *What the project intends to achieve* 51
- *What can be expected after 5 years of the JICA project assistance* 52
- *What is the association between SACCL and the SHCs?* 52
- *Why is JICA supporting the field of laboratory diagnosis?* 53
- *Why is JICA supporting the field of IEC?* 54
- *Why and how does JICA work with NGOs?* 55

JICA's Training Programs 56

JICA's Assistance on the Safety of Blood Transfusion 56

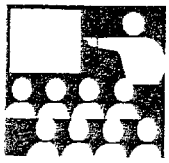
Background of the Japanese Assistance

In February of 1994, the Japanese government announced a global issues initiative to tackle issues common to all. The initial agenda for the initiative were **population** and AIDS. Later, other important agenda such as environment protection, human resources development and child health were added to the list. The Philippines was selected as one of the twelve priority countries for assistance in the area of population and AIDS.

The first action that commence the assistance came in the form of a survey mission in March 1994. After reviewing the country's situation on AIDS, recommendations were made to assist the DOH in the following areas:

- Strengthening laboratory testing capability for HIV, HIV sentinel surveillance system and blood screening capability in connection with the HIV surveillance system and blood safety program

- Training of personnel involved in the prevention and control of STD and HIV/AIDS
- Facilitating health education activities for the general population and people exposed to higher risk of infection



In light of the above, an equipment provision program to complement the DOH's effort to establish the sentinel surveillance network system and an NGO based out-reach intervention program was started. The JICA also gave assistance to improve the blood screening capability of the Philippine National Red Cross (PNRC). To contribute to the manpower development needs of the STD /AIDS prevention and control program of the DOH, JICA started both regional and national training programs at the Research Institute for Tropical Medicine (RITM) in 1996 and 1997. Finally, JICA and the DOH jointly formulated a project type technical cooperation and started its implementation in July 1996.

JUSTIFICATION OF THE PROJECT TYPE TECHNICAL COOPERATION

The Philippines is still considered at a nascent stage of HIV infection and is faced with limited resources for the implementation of STD and HIV/AIDS prevention and control activities. It is therefore important that appropriate, effective and timely interventions are instituted in order to avert the devastating effects of the disease.

The Second Medium Term plan for the NASPCP (1994-1999) stipulated the four (4) main strategies as follows:

- the prevention of sexual transmission;
- the prevention of transmission through blood;
- the prevention of prenatal, perinatal and postnatal transmission; and
- the reduction of impacts to individual, family, community and society.

The project type cooperation supports the above mentioned strategies through the following interventions:

- promotion of responsible and safer sexual behavior through IEC
- improved laboratory diagnosis of HIV, STDs and AIDS opportunistic infection and treatment of curable STDs

The project type technical cooperation intends to operationalize these interventions by establishing a reference laboratory (through the STD/AIDS Cooperative Central Laboratory or SACCL) and improving local STD/HIV/AIDS management through the upgrading of SHCs in terms of their laboratory diagnostic capabilities and in their information, education and communication (IEC) interventions and activities.

STD/AIDS IN THE PHILIPPINES

Since the very first case of AIDS was identified in the country in 1984, the Philippines has been experiencing a slow but steady increase in the number of reported HIV infection and AIDS cases. From January 1984 to December 1998, the HIV/AIDS Registry of the DOH has reported a cumulative total of 1,168 HIV seropositives, 362 of whom developed into AIDS. For the year 1998, it is estimated that 30,000 Filipinos are already infected with HIV, the virus that causes AIDS. Results of both behavioral and sero-surveillance indicate that the country is beginning to get more than 1% HIV prevalence rate in some risk groups (including female sex workers, male sex workers, men who have sex with men, STD patients, intravenous drug users).

The estimate in 1998 was that 30,000 Filipinos were already infected with HIV, the virus that causes AIDS.

Heterosexual intercourse remains to be the predominant mode of transmission accounting for 55% of the total reported HIV positive individuals. Males are more affected than females with a ratio of 1.4 : 1.0. The infection is seen in the sexually active and reproductive age group, those belonging in the 15 to 49 years old range.

Available data on STD cases are reported to the DOH through the SHCs that are situated nationwide. Over 37,000 STD cases were reported in 1997 from the different SHCs, mostly from female registered sex workers who visit the clinics for routine STD screening.

The country is one of the largest exporters of workers exposing many Filipinos to the risk of acquiring HIV in a foreign land. Rich in attractive tourism and vacation spots, the Philippines receives numerous guests and visitors from many countries. These allows multiple entry points for the virus and may explain the variety of HIV strains identified in the country.

With the epidemic still considered at a nascent stage, the Philippines has staged a continuous battle against the disease since 1988 through concerted efforts

from the government, non-government and private sector. Recognizing the close link between STDs and HIV/AIDS, the DOH has integrated STD prevention and control program with the AIDS program in 1993. The program is currently known as the National AIDS/STD Prevention and Control Program (NASPCP).

With more than eighty per cent of the population adhering to the Catholic faith, there is a strong religious influence on the practice of sexual abstinence and advocating mutual fidelity among married couples. This factor and the low popularity of intravenous drug use contribute to some reasons why the Philippines' HIV prevalence is lower as compared to other eastern Asian countries.

WHAT IS THE JICA PROJECT ON THE PREVENTION AND CONTROL OF STD/AIDS?

a. What the project type cooperation intends to achieve in general:

The project is designed to be implemented for a term of 5 years. During this term, it intends to assist the DOH's National STD/AIDS Prevention and Control Program specifically in the areas of

- laboratory diagnosis of STD/HIV/AIDS and
- Preventive intervention of the DOH at the national level, by the local government units and by the non-government organizations (NGOs).

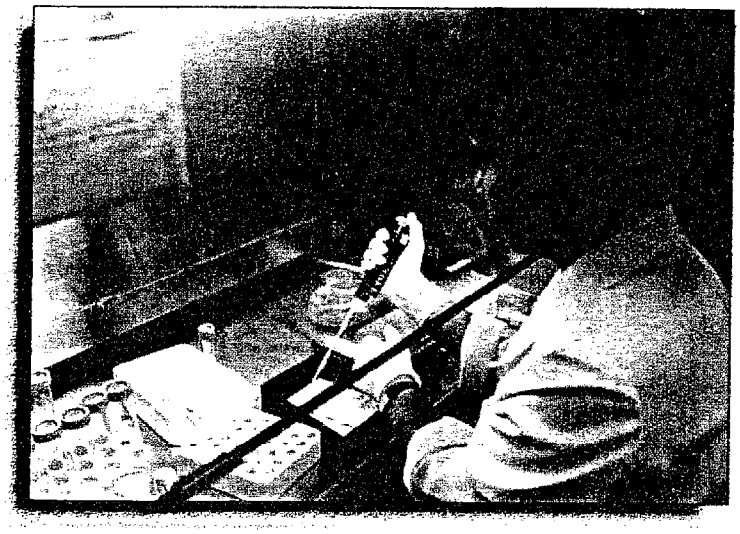
b. What can be expected after 5 years of the project assistance:

After the project assistance ends in FY 2001, STD and HIV/AIDS laboratory diagnosis capability shall be strengthened through the establishment of the SACCL and its referral system and network with the upgraded SHCs. Preventive activities shall similarly be reinforced through the development of IEC package and interventions.

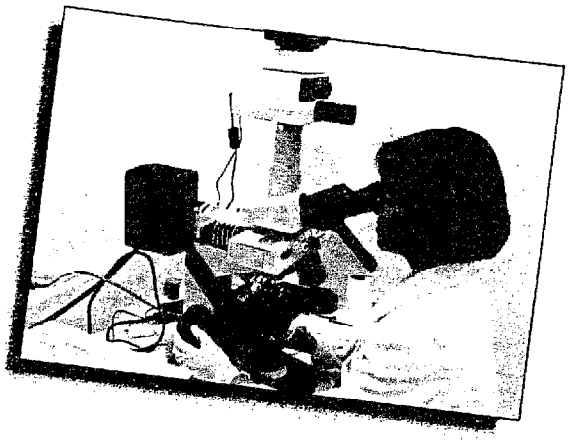
c. What is the association between SACCL and SHCs?

The SHC is a primary public health center for STD services at a local level. It provides diagnosis, care and management, health education and counseling services. In addition, it issues health cards to individuals who are required to undergo a periodic STD check-up by a local ordinance. The JICA project assistance upgrades selected SHCs in terms of strengthening laboratory diagnosis and management of STDs and IEC capability for the prevention of STD and HIV/AIDS.

The SACCL is a joint undertaking of San Lazaro Hospital (SLH), Bureau of Research and Laboratory (BRL), Research Institute for Tropical Medicine (RITM) and the National AIDS/STD Prevention and Control Program (NASPCP). It is designed to be a mother laboratory of over 140 SHCs in the country. Major activities of SACCL are confirmatory testing of STD/HIV, diagnosis of AIDS opportunistic infection, training for SHC and NGO health workers including physicians, medical technologists, and nurses, clinical research and provision of information on STD/AIDS.



Although the SHCs performs STD examinations, these are usually screening tests that may need referral to a superior laboratory for verification or confirmation of the screening results. Hence, a referral system is necessary to enable the SHCs to refer STD



cases or specimen and share epidemiological information to SACCL. This referral system not only strengthens the capability of the SHCs, but also enables the SACCL to utilize the data among SHCs and analyze these data for various purposes.

d.) Why is JICA supporting the field of laboratory diagnosis?

The World Health Organization (WHO) and the DOH has emphasized the use of "Syndromic Approach" for STDs in primary health care settings. This allows for immediate management of STDs resulting in the reduction of complications and infectivity at the shortest time possible. This approach is quite effective in the primary health care setting, however, it cannot detect HIV infection in an apparently well but infected person. Furthermore, SACCL studies have shown that about half of Chlamydia infections, which not only increase the risk of HIV infections but also are the most common STD in the Philippines, remain asymptomatic and require more laboratory-based diagnosis.

Fortunately, many of the SHCs have been provided with a laboratory that can perform basic laboratory procedures. It is the intention of JICA to assist the Philippine government in making these SHC laboratories more effective and reliable in the diagnosis of STDs including HIV by strengthening their capabilities on the etiologic based diagnosis of these diseases. In this way, prompt and accurate diagnosis of the infection is easily instituted and complications are prevented at an early time.

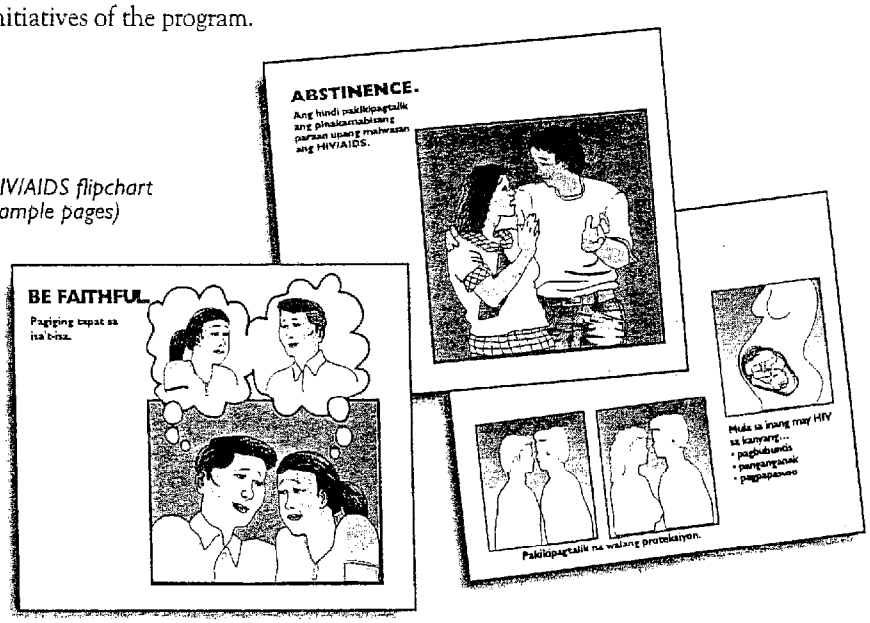
Already, many of the Social Hygiene Clinics have been provided with a laboratory that can perform basic diagnostic procedures.

A referral laboratory like SACCL is an essential component to assist and confirm the results from the SHC laboratories. As such, an effective referral system is established and data can be easily shared with all laboratories involved so that necessary measures can be devised and implemented promptly.

JICA hopes to assist the DOH in the establishment of a practical, viable and sustainable activities that will help the involved agencies to be self-sufficient in the areas which they were tasked to handle. Laboratory-based diagnosis could be a costly method if we attempt to copy the systems of industrialized countries into the Philippines without any modifications. JICA wishes to share simple,

cost-effective measures so that laboratory-based diagnosis will not be as expensive and impractical as it is often thought to be. Developing in-house methods and locally manufacturing STD test kits are areas which can ensure accessibility and steady supply of reagents leading to improved laboratory initiatives of the program.

HIV/AIDS flipchart (sample pages)



e.) Why is JICA supporting the field of IEC?

For the moment, intensive information and education campaign is the most effective way to stop the spread of HIV/AIDS

In spite of recent breakthrough in medical science to lengthen the lives of people with AIDS, most people in developing countries cannot afford this costly measure. Recently available HIV/AIDS drugs can only promise for prolongation of lives but cannot assure the complete cure of HIV infections and AIDS cases. This brings us back to prevention as the most effective tool to combat the epidemic.

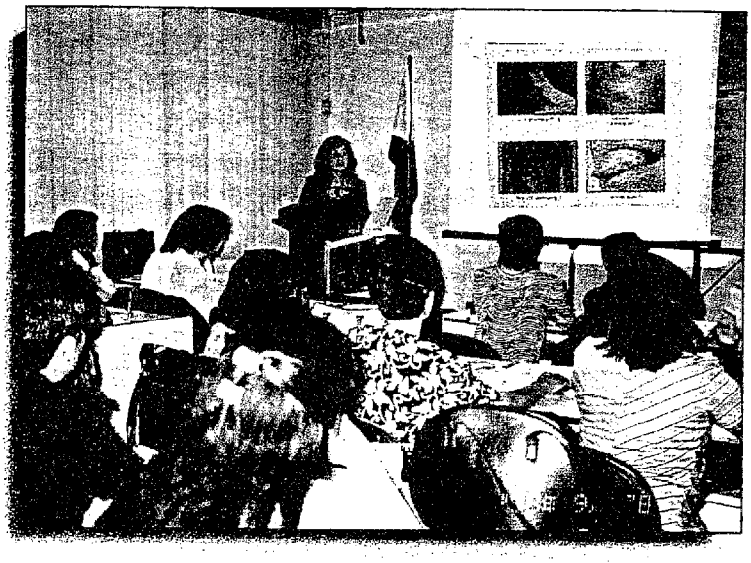
The best measure for successful preventive IEC activities is the adoption of the desired behavior change among targeted population. The SHCs constitutes one of the opportunities in providing communication lines that will enable interaction between the health care providers and their clients. After evaluating the on-going IEC activities in the country, it is noted that some improvement can still possibly be incorporated in the educational materials, methodologies and skills of people working with groups practising high risk behaviors.

It was also observed that some partner NGOs and SHCs are using educational materials developed in other countries which were not pre-tested in our local setting. The project plans to assist in developing new ones or modifying existing materials to a more culturally acceptable educational materials appropriate for specific target audiences.

Communication is one of the essential and basic talents of human. Other effective means to battle the disease are yet to be discovered. For the moment, intensive information and education campaign is the most effective way to stop its spread. The project strongly feels the need to be actively involved in the area of IEC to help strengthen the on-going actions undertaken by NGOs and the public sectors.

f.) Why and how does JICA work with NGOs?

The role played by the NGOs in the prevention of AIDS is crucial and vital. The NGOs have started their HIV-AIDS activities since early '80s, soon after the discovery of the virus. Since then, they have been visible in communicating and disseminating information about the prevention of HIV infection. Local NGOs were also instrumental in out-reach intervention activities funded by some bilateral and international donors. The significant results of these preventive efforts are valuable and can never be discounted nor undermined.



The relationship with NGOs can be complementary, depending on their needs. Using the Japanese Embassy's Small Scale Grass Root Grant, audio-visual equipment were provided to selected NGOs to support their outreach activity. The project assists NGOs in their skills building activity and in the joint development of IEC materials.

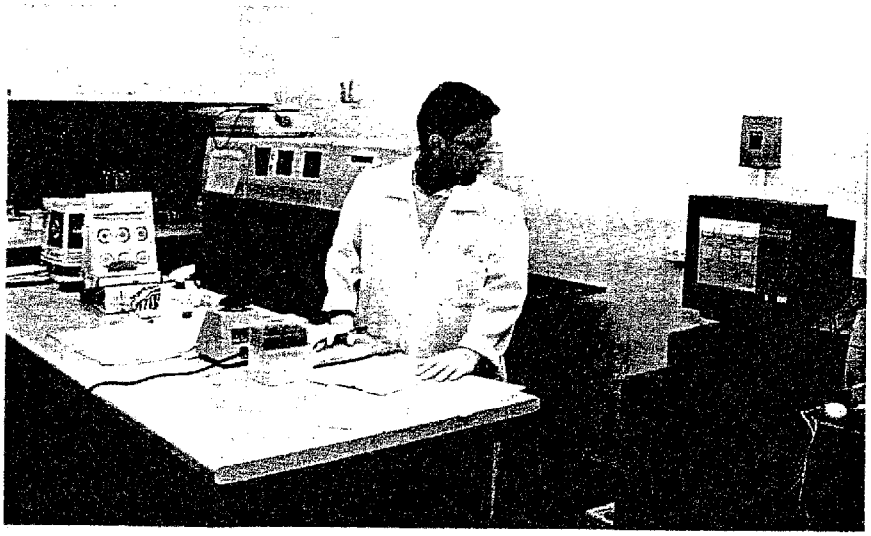
JICA's Training Programs in the Country

Human resource development is one of the major considerations in the delivery of quality health services. In this area, JICA has been sponsoring dedicated and promising health personnel to Japan for training since 1995. Training are in the areas of program planning and management, laboratory diagnosis, IEC development and blood banking.

Two five-year training programs were formulated at the RITM. One program started in 1996 with the purpose of training local personnel in instituting local capability for STD/AIDS diagnosis and patient care in consideration of the country's nature as archipelago. The other program started in 1997 and is intended for Southeast Asian nations in the area of the diagnosis of AIDS opportunistic infections.

JICA's Assistance on the Safety of Blood Transfusion

Safe and adequate supply of blood for transfusion is a shared responsibility of both the government and the community. Since 1995, JICA has been assisting the DOH's National Voluntary Blood Program through the Philippine National Red Cross's (PNRC) blood program. JICA has been providing the HIV testing kits and other relevant laboratory equipment needed for the blood collection units and blood centers of the PNRC. As a result, the percentage of blood screened for HIV improved from 67% in 1995 to 96.8% in 1997.



⑥ Ｐ３ラボラトリー紹介パンフレット

Laboratory Tests Available:

I. HIV testing
- A. Screening
  - a.1. Rapid Test
  - a.2. PA Antibody detection
  - a.3. EIA
- B. Supplemental tests
  - b.1. Indirect Fluorescent Antibody
  - b.2. Line Immunoassay
  - b.3. Western Blot Assay
- C. Nucleic Amplification Techniques
  - c.1. DNA PCR (In-house method)
  - c.2. RT-PCR (In-house method)
  - c.3. Drug resistance by PCR / Sequencing
- D. Prognostic Markers
  - d.1. CD4/CD8 Counting by Flowcytometry
  - d.2. Viral load detection by PCR

II. HIV Opportunistic Infection
- A. Mycobacteria
  - a.1. Culture (Conventional/BACTEC)
  - a.2. Sensitivity test (Conventional/BACTEC)
  - a.3. Diagnosis by PCR (In-house mtd.)
  - a.4. Drug Resistance by PCR / Sequencing
- B. Cytomegalovirus (CMV)
  - b.1. Detection by Culture
  - b.2. Antigen detection
  - b.3. Detection by PCR

III. Herpes Simplex virus 1/2 (HSV)
- a. Detection / typing by Immunofluorescence
- b. Detection by Culture
- c. Detection by PCR
- d. Typing by Restriction fragment length polymorphism (RFLP)

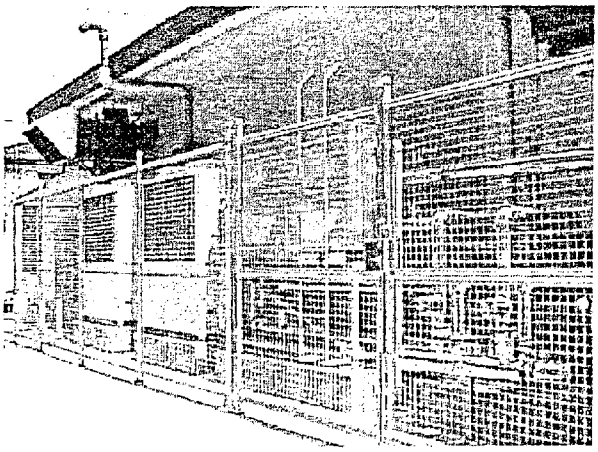
IV. Chlamydia
- a. Rapid test
- b. EIA
- c. DFA
- d. Culture
- e. PCR (In-house/Roche kit)

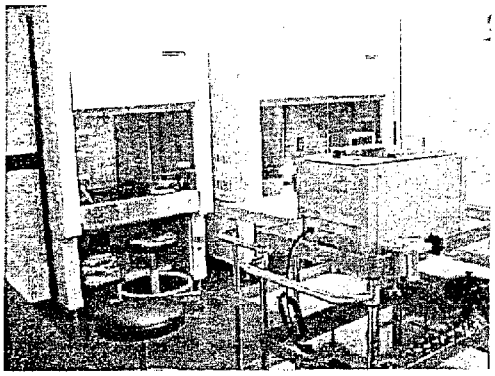
V. Candida
- a. KOH
- b. Culture

VI. Trichomonas
- a. Wet Mount
- b. Culture

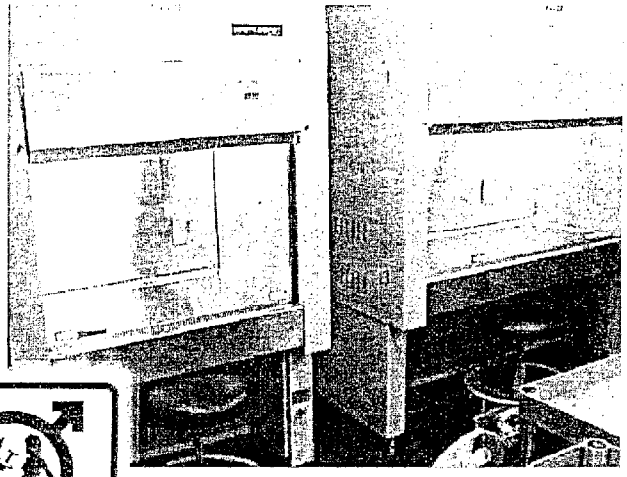
VII. Gonococcus
- a. Gram Stain
- b. Culture
- c. Sensitivity test (Qualitative / Quantitative)
- d. PCR (In-house Mtd / Roche kit)

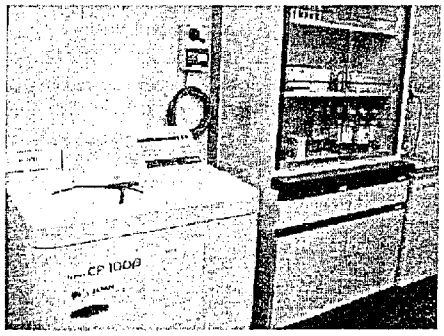
VIII. Syphilis
- A. Screening
  - a.1. RPR (Qualitative / Quantitative)
- B. Confirmatory
  - b.1. TP-PA
  - b.2. FTA-ABS



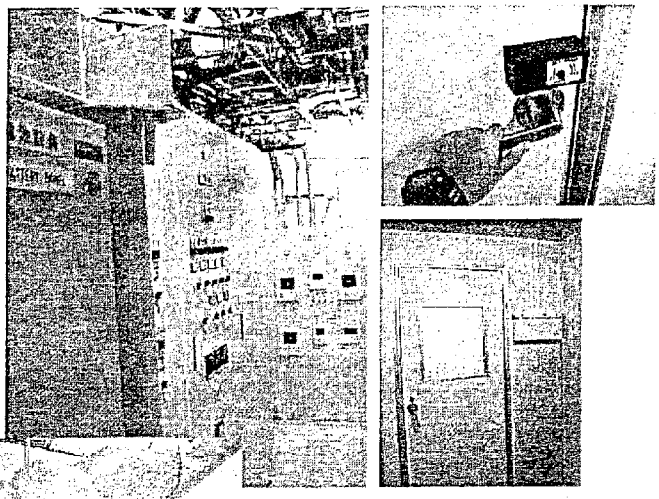


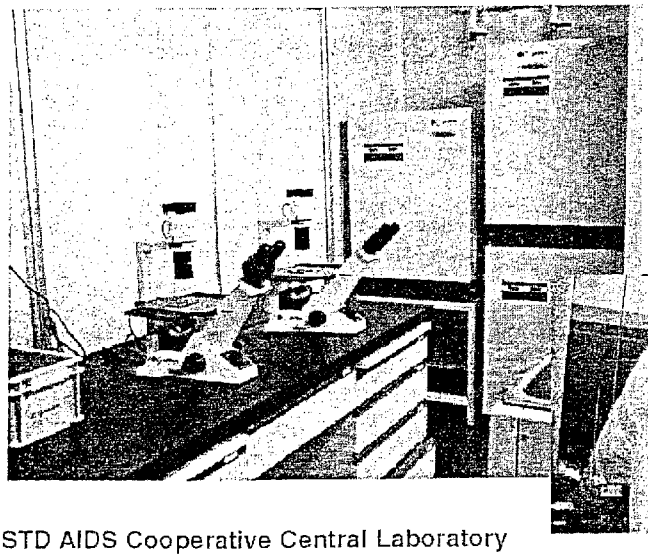
Announcing the opening of the first P3 (Physical Containment 3) Laboratory in the Philippines constructed through the assistance of the JAPAN INTERNATIONAL COOPERATION AGENCY.

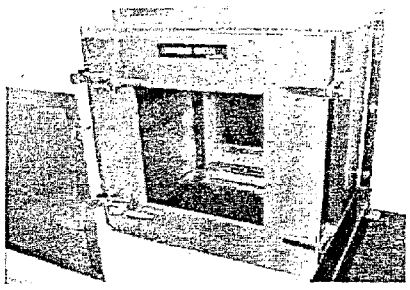




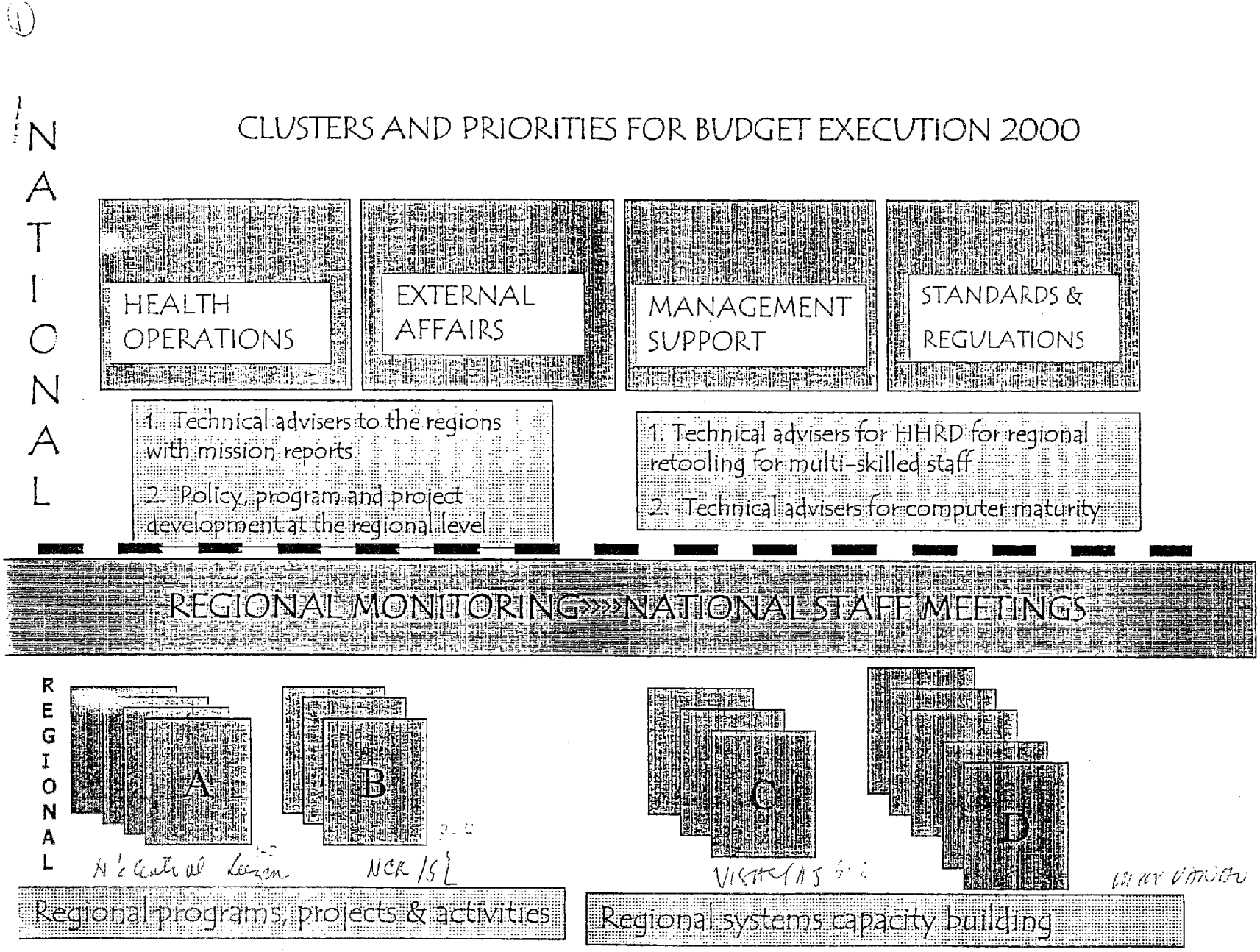
The aim of physical containment is to confine harmful agents that may cause serious or potentially deadly diseases as a result of exposure by inhalation, thus reducing the risk of exposure of the laboratory personnel, the people outside the laboratory, and the environment as well from the said organisms.







STD AIDS Cooperative Central Laboratory
San Lazaro Hospital Compound, Quiricada St., Sta. Cruz, Manila
Tel Nos. 309-9528 to 29 / 740-6515 / 742-8045 Fax No. 711-4117
e-mail: saccl@compass.com-ph


CLUSTERS AND PRIORITIES FOR BUDGET EXECUTION 2000
NATIONAL
HEALTH OPERATIONS
EXTERNAL AFFAIRS
MANAGEMENT SUPPORT
STANDARDS & REGULATIONS
1. Technical advisers to the regions with mission reports
2. Policy, program and project development at the regional level
1. Technical advisers for HHRD for regional retooling for multi-skilled staff
2. Technical advisers for computer maturity
REGIONAL MONITORING»»»NATIONAL STAFF MEETINGS
REGIONAL
A
B
C
D
Regional programs, projects & activities
Regional systems capacity building

OFFICE FOR EXTERNAL AFFAIRS (proper)
- Office for Protocol
- Local Projects Desk

CLUSTER: Quarantine Services and International Disease Surveillance

UNITS
- Quarantine Services
- International Disease Surveillance Unit

CLUSTER: International Health Cooperation

DESKS/UNITS

Multi-Lateral Relations Desk
Bilateral Relations Desk
International Travel Unit
International Health Policy Unit

OFFICES

Project Management Office

CLUSTER: Local Health Assistance

DESKS

Intergovernmental Affairs

PROGRAMS

Regional Health Systems Development
District Health Systems Development
Urban Health Systems Development
Health Systems in Small Islands
Local Health Financing

OFFICES

Project Development Office - discusses project proposals

PROPOSED INDICATORS FOR REGIONAL ASSESSMENT, MONITORING AND EVALUATION 2000-2004 (For the National Staff Meetings)

TECHNICAL

1. % Sentrong Sigla facilities
2. % District Health Systems organized
3. % Small Island Systems organized
4. % Urban Health Systems organized
5. Ratio of licensed over unlicensed facilities

ORGANIZATIONAL

1. % Regional staff with multiple skills
2. Presence of a "quality circle" for the integrated region (RFOs, hospitals, renationalized facilities)
3. Availability of written SOPs and % compliance of staff
4. Incentives for performance

FINANCIAL

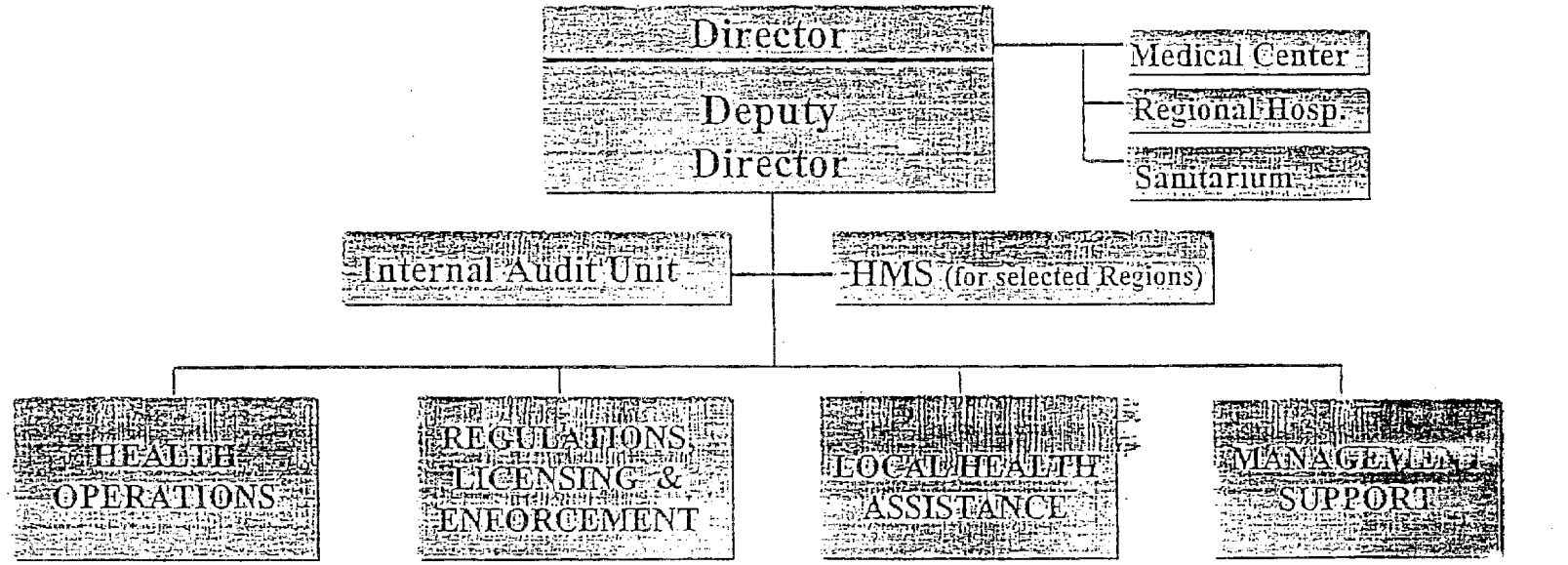
1. % Allocated per problem cost
2. % Actual budget utilized (obligated) vs. planned utilization
3. Time/cost per regulatory/licensing activity
4. Average liquidation time for specific transactions (procurement)
5. % covered by the PHIC indigency program/estimated population living below the poverty line

POLITICAL

1. % increase in total LGU counterpart funding for health
2. % LGUs with new local ordinances, laws and resolutions for health (by province, by municipality)
3. Number of community-based health financing partnership programs in the catchment of EACH DOH facility
4. Number of collaborative projects with NGOs, academe and local training institutions

Proposed Organogram for the Regional Health Office

Center for Health Development



- *Sectoral and Internal Planning*
- *Program Development*
- *Health Advocacy and Promotion*
- *Technical Assistance for Health Facilities and Programs*
- *Human Resource Development*
- *Research Development*
- *Epidemiology and Surveillance*

- *Health Facilities and Services and other Health-Related Establishments*
- *Drugs, Cosmetics and Food Products*
- *Health and Health-Related Devices and Technology*
- *Quarantine*

- *LGU Coordination and Assistance*
- *NGO/PO/Private Sector Coordination*
- *Emergency Preparedness and Response*
- *Community Dev't. Projects*
- *Local Health Information System*
- *Local Health Boards*

- *Administrative*
- *Finance*
- *Personnel*
- *Legal Services*
- *General Services*
- *Procurement and Supply*
- *Communication and Information System*