

第5章 提言及び教訓

5-1 提言

STI/AIDSは病原体の自然宿主が人間のみであるが、その本質上対策には膨大な努力を必要とするのは諸外国の例を見ても明らかである。正しい診断技術を使った公衆衛生活動が重要なことはWHOによっても強調されており、これまでの努力を更に充実、持続することが重要である。

SACCL、SLHの扱う病原体の中にはHIV、梅毒スピロヘータ、B型・C型肝炎ウイルスと輸血のための血液スクリーニングと重なる部分が多いので、フィリピン国内でのロスを少なくするうえで血液を扱う機関との協調、分担を必要とする部分もでてこよう。

また、現在のフィリピン国内の血液スクリーニングはB型肝炎、梅毒、マラリア、HIVの順に行われ陽性が出た時点で廃棄されるため、例えば梅毒陽性であった場合にはその血液はHIV検査までされないこととなる。梅毒陽性者はHIVについてハイリスクである可能性が高く、現在の検査プロセスがフィリピンのHIV陽性患者が少ないことにつながっている可能性もある。

このようにSACCLに与えられた役割のみに専念するだけでなく、広く全体を見ることがHIVの検出にとって極めて重要である。

5-2 教訓

本プロジェクトは廃屋のみという状況の中で発足したため、小さな視野での活動の混在という感で始まった。その中で大きな目標をめざしての活動にはフィリピン、日本ともにリーダーシップの強化が必要と思われる。また、プロジェクトの性格上、幅広い人々との交流をためらっては十分な成果を得るのに時間がかかると思われる。

フィリピンではWHO西太平洋事務所(WPRO: Western Pacific Region Office)もあり、国際的に注目されやすい特徴がある。そのために各種学会等でも諸外国の代表と同席することが多く、必要があれば十分にJICAとしての意見を述べることでプロジェクトの重要性を認識させることとなり、日本の納税者に報いるためにも留意するべき点である。そのためには専門家、JICA在外事務所、JICA本部、大使館がそれぞれのレベルで十分に我が国の役割を強調することが求められる。

また、C/Pの指導には目標を低くせず、必要とされる目標から少し高く設定することが将来の自立のために必要である。

気になることとして、ラボラトリーを日本語訳によって研究室、実験室、検査室など多岐に訳すことができ、誤解を受けることが多い。途上国における「研究」というレベルの技術内容は日本における「臨床検査」レベルであり、研究ができるレベルには協力が必要ないというような無用な誤解を与えぬよう関係者に周知する必要がある。

附 属 資 料

- ① ミニッツ
- ② 評価用PDM(PDM_E)
- ③ 評価表用略語集
- ④ 1996年3月実施協議時のPDM(PDM₀)
- ⑤ 2000年3月巡回指導時の補完PDM(PDM₁)
- ⑥ 両国の投入状況
- ⑦ SACCLの外来患者の推移
- ⑧ SACCLの臨床検査統計
- ⑨ 協力対象SHCリスト
- ⑩ SACCLにおける研修概要
- ⑪ 派遣専門家リスト
- ⑫ カウンターパート研修員リスト
- ⑬ 保健省組織図
- ⑭ 現地国内研修概要
- ⑮ 第三国研修概要

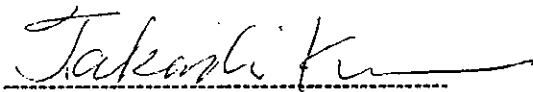
MINUTES OF MEETING
BETWEEN THE JAPANESE FINAL EVALUATION TEAM
AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE REPUBLIC OF THE PHILIPPINES
ON THE JAPANESE TECHNICAL COOPERATION
FOR THE PROJECT OF THE PREVENTION AND CONTROL OF AIDS

The Japanese Final Evaluation Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") headed by Dr. Takashi Kurimura visited the Republic of the Philippines for the purpose of evaluating the activities of the Project for the Prevention and Control of AIDS (herein after referred to as "the Project").

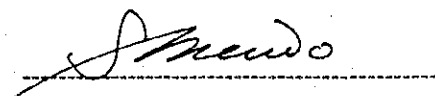
During its stay in the Republic of the Philippines, the Team had a series of discussions with authorities concerned of the Republic of the Philippines and jointly evaluated the achievement of the Project.

As the result of the discussions the Japanese and Philippine sides agreed upon the matters referred to in the documents attached hereto.

Manila, November 17, 2000



Dr. Takashi Kurimura
Leader
Evaluation Team
Japan International Cooperation Agency
Japan



Dr. Susan Pineda Mercado
Chief of Staff and Undersecretary
Department of Health
The Republic of the Philippines

ATTACHED DOCUMENT

1. The Joint Coordinating Committee of the Project studied the Joint Evaluation Report, which was prepared and submitted by the Project team and agreed to the idea of the report in general.

2. Both sides recognized that the Project has obtained the following:

(1) Efficiency

Although there are some obstacles to convert inputs into outputs, adequate quality and quantity of measures have been taken by both Japanese and Philippine sides through the Project cooperation.

(2) Effectiveness

The output of the Project was effective to strengthen the national capabilities to attract STI /AIDS concerns. The analysis of the effective to strengthen the local ones is still ongoing.

(3) Impact

Impact of the Project is not determined yet, as the analysis of available data is on going. Final result of the analysis shall be made available by February 2001.

(4) Relevance

Since prevention of STI/AIDS has been highlighted as the priority program of the Philippines. Therefore the Project is highly evaluated.

(5) Sustainability

The Project has the prospect of self-development, however there are some requirements by the end of the Project for sustainable cooperation.

3. Measures to be taken during the remaining period of the technical cooperation period

3.1 Both sides agreed that the following measures are required during the remaining technical cooperation period mentioned in the Record of Discussions (R/D).

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3.2 Measures to be taken by the Japanese side are as follows;

3.2.1 To continue the technical transfer by the Japanese long-term experts.

- a) Chief advisor
- b) Coordinator
- c) Virologist
- d) Bacteriologist
- e) IEC
- f) Public Health

3.2.2 To dispatch Japanese short-term experts taking into account the requests to be made by the Philippine side.

3.2.3 To provide the equipment requested by the Philippine side till the Japanese fiscal year of 2000

3.2.4 To accept Philippine personnel concerned with the Project for training in Japan in the field of;

- a) Laboratory Diagnosis on STI/AIDS
- b) Clinical Management for HIV Infection and Opportunistic Infections of AIDS

3.3. Measures to be taken by the Philippine side

3.3.1 To provide all the necessary inputs as agreed upon in the R/D.

4. Summary of discussions

4.1 The Joint Coordinating Committee was held on 16 November. In the meeting the Team explained its findings in terms of the efficiency, effectiveness, impact, relevance, sustainability of the Project.

4.2 The Japanese side presented a draft of an Evaluation Report prepared on the basis of data collected by the Project

4.3 In the Joint Coordinating Committee, both sides mutually agreed upon the contents of the Report. Remarkable success was recognized through the discussion.

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Project Type Technical Cooperation Final Evaluation Report

November 17, 2000

Project Name	Project for Prevention and Control of AIDS	
Cooperation Country	The Republic of the Philippines	
Cooperation Period	July 1, 1996~ June 30, 2001	
Cooperation Field	Prevention of Infectious Diseases	
Technical Cooperation Field	Research and Development/Human Resource Development	
Implementing Institute	Department of Health	
Final Evaluation Consultation Team	(Subject)	(Name)
	<u>Leader</u>	<u>KURIMURA Takashi</u>
	<u>Immunology</u>	<u>YOSHIHARA Namiko</u>
	<u>Public Health</u>	<u>YODA Norihiko</u>
	<u>Evaluation Planning</u>	<u>KOBAYASHI Naoyuki</u>
	<u>Cooperation Planning</u>	<u>HIRAOKA Hisakazu</u>
	<u>Project Evaluation</u>	<u>HOSHINO Kanji</u>
Evaluation Period	November 6, 2000~ November20, 2000 (15days)	
PDM	See Attachment	

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I. Summary of the details of the Project

<p>Contents and background of request</p>	
<p>1. Contents and background</p>	<p>The prevalence of HIV infection in the Philippines is still considered low but steadily increasing. The situation can worsen unless immediate and appropriate intervention and measures to prevent HIV infection. The Government of the Philippines proposed the project to assist the National AIDS/STD Program of the Philippines. The project would be implemented within the framework of the Second-Generation Medium Term Plan (1994-1999) and intended to establish a central collaborative STD/AIDS laboratory within the DOH compound; strengthen selected Social Hygiene Clinics in their central laboratory in the process of establishing a core reference system; and assist the social clinics and associated non-governmental organizations (NGOs) in their preventive information, education and communication activities for STDs and AIDS.</p>
<p>2. The process of the cooperation implementation <Stage of Planning> (1) Preliminary Study</p>	<p>November 20, 1995~ November 29, 1995</p> <ol style="list-style-type: none"> 1. The duration of Japanese technical cooperation will be five years from the date determined in the R/D. 2. Objectives of the Project are; <ol style="list-style-type: none"> (1) To establish a national STD referral system for laboratory diagnosis, training, clinical care and management and surveillance. (2) To upgrade selected and existing social hygiene clinics in their IEC activity, laboratory diagnosis and treatment and counseling to promote safer sex. (3) To assist NGOs in their IEC activity for the promotion of safer sex. 3. Japanese Technical Cooperation under the Project will be implemented through the dispatch of experts, training of Philippine personnel in Japan and the Philippines, and provision of equipment necessary for the Project. 4. The Philippine side should take the following measures; <ol style="list-style-type: none"> (1) To provide an adequate number of personnel necessary for successful implementation of the Project. (2) To provide working facilities necessary for implementing the Project and assistance in accommodating Japanese experts. (3) To make necessary arrangement to secure an adequate for implementing for the Project.

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(2) Implementation Study	<p>March 17, 1996~ March 26, 1996</p> <ol style="list-style-type: none"> 1. Both implementation study team and the Philippine authorities concerned signed R/D. 2. The master plan of the Project was confirmed. <ol style="list-style-type: none"> (1) Overall goal: to assist the Department of the Health in the prevention and control of AIDS in the Philippines. (2) Project purpose; to establish an AIDS cooperative central laboratory and a core national referral system and to strengthen the function of AIDS prevention at local public health centers. 3. Both sides agreed with tentative schedule of implementation, project design matrix and measures to be taken by each side. 4. The Joint Coordinating Committee was founded. 5. The Government of Japan would take special measures with the purpose of supplementing a portion of the local cost expenditures necessary for the execution of the establishment of the STD/AIDS Cooperative Central Laboratory (SACCL).
<p>2. Process of implementation <Stage of Implementation> (1) Management Consultation</p>	<p>November 11, 1998~ November 18, 1998</p> <ol style="list-style-type: none"> 1. Both the consultation team and the Philippine authorities concerned reviewed the activities in regard to the implementation of the Project, based on the common understanding of the present situation of the Project. 2. Both sides discussed the future implementation plan of the Project.
(2) Advisory Team	<p>March 12, 2000~ March 16, 2000</p> <ol style="list-style-type: none"> 1. Both the advisory team and the Philippine authorities concerned reviewed the activities of the Project in regard to overall progress of the Project. 2. Both sides confirmed the implementation plan of the Project and PDM as a detailed and supplementary PDM to the initial one.
<p>3. Special remarks during the cooperation period. (1) Changes of implementation plan during cooperation period</p>	<p>(1) Selection of Model SHCs Model SHCs were initially Pasay, Cebu, Angeles, and Davao in the preliminary implementation plan. But SHCs in Makati, Pasig, Cavite and Caloocan were finally identified as the selected model sites at the meeting for finalization of the model SHCs in 1998.</p>
(2) Changes of the implementation system.	(2) There was no change of the implementation system of the project.
4. Relation with other donors	(3) This Project has no relations with other donors.


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II. Achievement of plan

Narrative summary	Indicators that can be verified	Result	Important Assumptions								
<p>Overall Goal Enhance the STD-AIDS prevention and control strategies.</p> <p>Project Purpose National and local capacities to address STD-AIDS concern is strengthened</p>	<p>1. Increase in the number of clients/beneficiaries that access STD-AIDS services.</p> <p>2. Increase in diagnosis and treatment of STD cases.</p>	<p>1.1 Reinforcement of testing capacity of STU/AIDS in SHCs and IEC program increased access to SACCL and selected SHCs.</p> <p>1.2 Less testing fee than private clinic for certificate, attract more visitors.</p> <p>2.1 Diagnosis and treatment of STI were increased in accordance with the increase of visitors.</p>	<p>1. DOH and NASPCP formalize accreditation of SACCL as a referral center for confirmatory test of STD/AIDS in Philippines.</p>								
<p>Output 1. Diagnostic capabilities for STD of San Lazaro Hospital are fully established.</p>	<p>1.1 Physical requirement for Reference Lab. Completed by end of 1999.</p> <p>1.2 Testing capabilities of SACCL are developed.</p> <p>1.3 Number of testing in SACCL was increased.</p>	<p>1.1 Physical requirement for the Reference Lab. was completed by the end of Japanese fiscal year 1999.</p> <p>1.2 SACCL can conduct the test of HIV, Syphilis, Chlamydia, Gonorrhoea, Trichomonas, Candida, HSY, CMV until 1999. Tests of Hepatitis B and TB culture were started in 2000.</p> <p>1.3 No. of the testing in SACCL is ; <table border="1" data-bbox="1037 627 1133 1120"> <tr> <td>1997</td> <td>2,368 (364)</td> <td>1998</td> <td>8,059 (1,304)</td> </tr> <tr> <td>1999</td> <td>8,506 (2,233)</td> <td>2000</td> <td>8,204 (1,588)</td> </tr> </table> () is No. of positive cases 2000 : Jan - Oct </p>	1997	2,368 (364)	1998	8,059 (1,304)	1999	8,506 (2,233)	2000	8,204 (1,588)	<p>1.1 SLH remains to be a National Center for Management of Infectious Diseases.</p> <p>1.2 Budget for personnel, operation and upgrading of SACCL are continuously allocated.</p>
1997	2,368 (364)	1998	8,059 (1,304)								
1999	8,506 (2,233)	2000	8,204 (1,588)								

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<p>2. Selected SHCs upgraded in terms of lab testing, IEC, STD management</p>	<p>1.4 NASPCP accreditation as reference lab for confirmatory lab for STD Diagnosis & Training formalized by June, 2001</p> <p>1.5 DOH accreditation for confirmatory lab for HIV formalized by end of 2000.</p> <p>1.6 National Reference System is in place through the network with the improved selected model site SHCs such as Makati, Passig, Cavite and Calcocon</p> <p>1.7 Reference lab services for STD and testing capabilities for HIV and its opportunistic infection of SLH patients is provided.</p> <p>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.</p> <p>1.9 Pay for service schemes to sustain service delivery are tested by year 2000.</p> <p>2.1 SHCs are able to operate according to established set quality assurance standard.</p>	<p>1.4 a) NASPCP drafted accreditation of SACCL as reference lab. for confirmatory lab. for STI diagnosis. b) HMDTS accredited SACCL as STI training center on June 20th, 2000.</p> <p>1.5 DOH granted provisional accreditation in Oct. 10th 2000. It will be formalized by the end of 2000.</p> <p>1.6 The formal National Referral System is not yet established but SACCL is conducting confirmatory test for HIV and STI in National Capital Region.</p> <p>1.7 SACCL provides testing services for STI/HIV and its opportunistic infection to SLH patients.</p> <p>1.8 Budget of 13 personnel has been allocated in SLH budget, but additional 10 MT, one accounting clerk, one statistician and one driver are requested for the function of SACCL.</p> <p>1.9 Pay for service scheme has been tested following current DOH pricing level and financial system. But some difficulties on use of operation of fund were met.</p> <p>2.1 Four selected model SHCs are able to operate in compliance with the training on QC measures but will have to be monitored for QC assurance standard.</p>	<p>2.1 SHCs continue to want upgrading in testing capabilities.</p> <p>2.2 Budget for operation of SHC</p>
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	<p>2.2 Quality assurance standards for specific STD lab services, waste disposal procedures are established and regularly monitored starting 2000.</p> <p>2.3 SHCs regularly conduct IEC programs using Project IEC package.</p> <p>2.4 Supply system to ensure affordable cost of consumable lab materials (e.g. media culture) is in place.</p> <p>2.5 Pay for services collection and utilization schemes at SHC level is developed and tested.</p>	<p>2.2 SACCL started monitoring of some SHCs in compliance with the required QC measures. But Quality Assurance Standard will have to be established.</p> <p>2.3 Thirty SHCs have trained HEPOs and received IEC Package, but not all of them carry out the IEC program.</p> <p>2.4 The operation cost of SHCs is covered by the annual budget granted by LGU.</p> <p>2.5 All the SHCs collect examination fee but operation costs of SHCs is covered by the annual budget of LGU.</p>	<p>is continuously allocated by the local government.</p> <p>2.3 Information system among SHCs for exchange of data and research is established among at least selected SHCs.</p>
<p>3. Institutionalization of SACCL into DOH-SLH initiated</p>	<p>3.1 By January 2000, an Administrative Order delineating functions and clarifications of interagency is agreed and disseminated.</p> <p>3.2 National Reference Center policy and SLH mandate confirmed to hospital based services.</p> <p>3.3 SACCL participants in relevant DOH Task Forces.</p>	<p>3.1 It was delayed and drafted on 10th Oct., 2000 and waiting for approval.</p> <p>3.2 Awaiting for the approval of DO.</p> <p>3.3 SACCL is now a member of the different relevant DOH task forces.</p>	<p>3.1 Administration order is agreed.</p> <p>3.2 Training of STD/AIDS test in SACCL is formalized as the national standard system by DOH.</p>
<p>4. SACCL Training function on STD/HIV prevention diagnosis and treatment is recognized/ accredited and courses are implemented.</p>	<p>4.1 DOH's recognition as STD Training Institution and as HIV Collaborative Training Organization is obtained by 2000.</p> <p>4.2 Accredited STD Proficiency Training Courses are regularly conducted.</p>	<p>4.1 SACCL training courses have been accredited by HMDTTS since 1997.</p> <p>4.2 Seventeen STI training courses have been implemented by the Project, which includes one HIV proficiency training implemented in September, 1998.</p>	<p>4.1 Effectiveness of the training course of SACCL are recognized by all the SHCs' concerning personnel and interest to attend courses is sustained.</p>

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	<p>4.3 Accredited Physicians' Courses are conducted (e.g. Lab Diagnosis & Management of STD/ HIV & AIDS Opportunistic Infection).</p> <p>4.4 STD Proficiency testing conducted periodically starting 2000.</p> <p>4.5 Quality Assurance Program for STD is developed and pilot tested.</p>	<p>4.3 There were two training courses only for doctors of SLH and UP-PGH, 15 training courses for STI/HIV lab. diagnosis and management for SHCs and RHU team.</p> <p>4.4 Not yet held in 2000 because SHCs need the Basic Training Course before the Proficiency Training Course</p> <p>4.5 QAP has been included in the training manual but the QAP has not been established</p>	
<p>5. SACCL Research contribution is maximized.</p>	<p>5.1 At least 1 research per year is completed using data gathered by SACCL.</p> <p>5.2 Process for research identification, prioritization and sharing/exchange and utilization of research results are set-up.</p> <p>5.3 Relevant researches with research funds are mobilized for identified needs of SHCs i.e. -Makati community based in-depth study on Syphilis among housewives- Pasig-rising incidence of Chlamydia among commercial service workers.</p> <p>5.4 Majority of SACCL physicians are able to write up research protocol preparation by end of project.</p>	<p>5.1 One research report on prevalence of Chlamydia was presented at the 4th International Congress on AIDS in Asia and the Pacific in October 1997 in the Philippines. Seven collaborative researches have been completed.</p> <p>5.2 Internal meeting of SACCL members is the procedure for identification, prioritization and sharing/exchange of research and utilization of the results.</p> <p>5.3 Still awaiting for proposal from Makati and Pasig SHCs.</p> <p>5.4 Six on going SACCL researches due for write-up by SACCL's staff. A technical writing workshop is scheduled.</p>	<p>5.1 Budget for referral network of STD/HIV research in SHCs and SACCL is established.</p> <p>5.2 Infrastructure of the referral network such as information and communication systems are established.</p>

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<p>6. Support to NASPCP IEC activities in selected SHCs provided.</p>	<p>6.1 STD/HIV IEC intervention package pilot tested, documented and finalized by 1999 (Educational Package for Health Educators).</p> <p>6.2 Effectiveness study of Education Package for Health Educators with initial sites on IEC intervention package conducted and disseminated.</p> <p>6.3 At least 2 trained health educators are able to use the package in each targeted SHC & NGO.</p> <p>6.4 IEC unit personnel able to develop and produce IEC package on their own.</p>	<p>6.1 Eighty sets of IEC intervention package were produced in May, 2000 and 30 sets were distributed to selected SHCs in September.</p> <p>6.2 Not yet conducted.</p> <p>6.3 Thirty selected SHCs and one NGO have at least one trained health educator.</p> <p>6.4 Technology transfer was completed but the trained staff either resigned or returned to DOH.</p>	<p>6.1 Budget for producing IEC package and costs for education personnel are continuously allocated.</p> <p>6.2 IEC program is appreciated by many beneficiaries.</p>
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<p>Output 1. Diagnostic capabilities for STD of San Lazaro Hospital are fully established.</p> <p>Activities:</p> <ol style="list-style-type: none"> 1.1 Integrate STD lab diagnosis of STD at SACCL 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. 	<p>Output 2. Selected SHCs upgraded in terms of lab testing, IEC, STD management</p> <p>Activities:</p> <ol style="list-style-type: none"> 2.1 Formulate work & financial plan to include MOA & plantilla position, budget for maintenance cost and operating expenses 2.2 Establish QA standards to recording & reporting, waste treatment & disposal, supplies, materials & equipment, staff capability in the diagnosis & management. Of cases, facility laboratory and testing 2.3 Provide a procurement system to ensure adequate supply of reagents 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 meeting and feedbacks 2.7 Provide supervision and monitoring of checklist 2.8 Review and re-plan 2.9 Identify alternative financing scheme 2.10 Establish a data bank for STD prevalence for CSW and other clients 	<p>Output 3. Institutionalization of SACCL into DOH-SLH initiated</p> <p>Activities:</p> <ol style="list-style-type: none"> 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 quarter of 1999 for SACCL Roles/Responsibilities and Institutional Arrangement in dissemination of the approval of A.O. 3.3 Present to Execom by 1st quarter of 2000 the revision of the approval of A.O. 3.4 Conduct an Implementation Planning Workshop by the 1st quarter of 2000 on work and financial plan
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<p>Output 4. SACCL Training function on STD/HIV prevention diagnosis and treatment is recognized/ accredited and courses are implemented</p> <p>Activities:</p> <ol style="list-style-type: none"> 1.1 Set criteria for eligible Medical Technologists trainees for Professional Training course 1.2 Conduct at least 2 STD Training course per year for MTs (Proficiency) 1.3 Conduct at least 2 lab Dx & Management on STD/HIV course per year for MDs 1.4 Conduct at least 1 Collaborative Training for HIV Proficiency with BRL 1.5 Monitor/evaluate all trainees at least once a year 1.6 Develop QAP for STD Lab Dx 1.7 Collate & disseminate QA results among trainees 1.8 Conduct representation activities to obtain DOH and PRC accreditation 	<p>Output 5. SACCL Research contribution is maximized.</p> <p>Activities:</p> <ol style="list-style-type: none"> 5.1 Collect & analyze clinical and laboratory data monthly 5.2 Make an annual report of SACCL activities 5.3 Meet regularly among SACCL staff re: journal club, troubleshooting & data discussion 5.4 Invite institutions to exchange research ideas and proposals 5.5 Consult regularly with statisticians or epidemiologist 5.6 Attend seminars/conferences related to STD/HIV AIDS 5.7 Learn how to make an experiment record, data collection and analysis 5.8 Publish at least 1 research paper a year 	<p>Output 6. Support to NASPCP IEC activities in selected SHCs provided.</p> <p>Activities:</p> <ol style="list-style-type: none"> 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 cash staff
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III. Summary of Final Evaluation

1. Measures of the achievement of project purpose relative to the degree to which the outputs have contributed to its achievement

(1) Contribution of each output towards the achievement of the project purpose	Degree of achievement of outputs	Obstruction: Factors that prevent achievement of project purpose
	Output 1 Diagnostic capabilities for STD of San Lazaro Hospital are fully established.	<ol style="list-style-type: none"> 1. Approved DO of SACCL which delineate its functions, clarify the inter-agencies and the role of SACCL, is not yet officially signed. 2. Completion of P3 lab was delayed due to local custom clearance and other reasons. 3. Insufficient workforce and budget are the obstacles for the implementation of quality control and monitoring. 4. National referral network system is not yet fully in place.
	Output 2 Selected SHCs upgraded in terms of lab testing, IEC and STD management	<ol style="list-style-type: none"> 1. Insufficient workforce and operation budget obstruct procurement system to ensure adequate supply of reagents. 2. Some SHCs are not conducting IEC program because of insufficient workforce and budget.
	Output 3 Institutionalization of SACCL into DOH-SLH initiated	<ol style="list-style-type: none"> 1. Delay of reorganizing and accreditation by DOH obstruct the establishment of reference system and the activities of SACCL as the central confirmatory lab.
	Output 4 SACCL Training function on STD/HIV prevention diagnosis and treatment is recognized/ accredited and courses are implemented.	<ol style="list-style-type: none"> 1. Criteria for sending trainee are not followed by sending agencies. Delay in the submission of application form shorten the time for the selection of trainees. 2. Lack of trainers and facilities prevent SACCL from accommodating more participants.
	Output 5 SACCL Research contribution is maximized.	<ol style="list-style-type: none"> 1. Insufficient workforce prevents collection and analysis of data. 2. There is no statistician to analyze and compile the data for preparation of research paper. 3. Training courses consumed much time to complete some of research works of SACCL.

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	Output 6 Support to NASPCP IEC activities in selected SHCs provided.	<ol style="list-style-type: none"> 1. Many SHCs have only one educator to conduct IEC program. 2. There are many SHCs which have no equipment to conduct the program using IEC package. 3. Only a few IEC personnel are capable of developing and producing IEC packages.
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2. Effectiveness

Direct or indirect effects arisen from the implementation of the Project.

Expansion of the effect	Contents of the effects (effect on system, technology, economy, socio-culture, environment)
(1) Direct effect From the viewpoint of the project purpose	<ol style="list-style-type: none"> 1 The first P3 lab. was established in SACCL and new research and culture of STI/HIV were introduced to the Philippines, in order to develop the study for appropriate diagnosis, and the development of inexpensive testing kit. 2. The latest equipment were provided to SACCL and selected SHCs and the testing capability in SACCL and SHCs was strengthened. 3. Philippine counterparts was trained in Japan and upgraded their knowledge and skills, such as test and culture of STI/HIV. 4. Technology of STI/HIV confirmatory test was improved. 5. Referral system of selected SHCs and SACCL was established, and confirmatory test of specimens, which were sent from selected SHCs is being conducted. 6. Training course of SACCL upgraded knowledge of MTs, nurses and physicians. 7. IEC program is frequently implemented in selected SHCs using the IEC package for CSWs to disseminating the knowledge of STI/AIDS. 8. Confirmatory test of specimens from selected SHCs is being undertaken by SACCL, which has created links between SACCL and SHC.
(2) Indirect effect From the viewpoint of the overall goal	<ol style="list-style-type: none"> 1. The Project contributed to the enhancement of STI/AIDS prevention and control strategy in the Philippines.

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3. Efficiency

Measures of productivity of the implementation process- how efficiently inputs are converted into outputs

<p>(1) Relevance of inputs</p> <p>1. Japanese side</p> <ul style="list-style-type: none"> • Dispatch of experts • Provision of equipment • Acceptance of counterparts in Japan <p>2. Philippine Side</p> <ul style="list-style-type: none"> • Treatment of land, facility or equipment • Allocation of counterparts • Share of local costs 	<p>1. Japanese Side</p> <p>1) Dispatch of experts was implemented as described in R/D, except for the delay of Chief Advisor and expert of Public Health expert.</p> <p>2) Provision of equipment was implemented as it was described in R/D, except for the P3 laboratory.</p> <p>3) The acceptance and training of counterparts was implemented as scheduled.</p> <p>2. Philippine Side</p> <p>1) Treatment of land facilities and equipment was implemented as described in R/D</p> <p>2) Some of the counterpart personnel were not allocated as scheduled.</p> <p>3) Local costs were shared as scheduled.</p>
<p>(2) Collaboration with other type of Japan's aids and/or other donors.</p>	<p>None</p>

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4.Relevance

Relevance of outputs, project purpose and overall goal to the priority needs and concerns of the recipient society and the nation of evaluation at the time of final evaluation.

<p>(1) Relevance of overall goal</p>	<p>1. Background STI/AIDS prevention and control policy is one of the five top priorities of the Government of the Philippines.</p> <p>2. Timing The Project was timely, because the Government of the Philippines established PNAC (Philippines National AIDS Council) in 1992 which was composed of multi-sectoral members, including NGO and HIV infected persons, and set up NASPCP as its secretariat in 1993. The PNAC drafted "The AIDS Law" in 1995. The Project was signed in 1996 and started in line with National Policy of the Philippines.</p>
<p>(2) Relevance of project purpose • Consistency to overall goal</p>	<p>1. Upgrading of laboratory testing and dissemination of prevention knowledge of STI/AIDS will strengthen national capacities enhancing the prevention and the control strategy of STI/AIDS of the Government.</p>
<p>(3) Relevance of planning concerning with reciprocal relation among overall goal, project purpose, outputs and inputs.</p>	<p>1. Overall Goal, Project purpose, outputs and inputs and activities were almost appropriate. Clear recognition for the selection of model SHCs was needed.</p>
<p>(4) Causes for lack of relevance (From the viewpoint of state of grasping the needs, plan-setting of project, system of implementation of Philippines side, system of support in Japan and so on.)</p>	<p>None.</p>

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5.Sustainability

Evaluation of the prospect of self-development from the viewpoint of factors that are needed to develop, at the time of final evaluation

	Prospect of sustainable development
(1) System	<ol style="list-style-type: none">1. If Department Order is approved and SACCL obtain the accreditation of DOH as the national reference lab for HIV/AIDS, Hepatitis and STI, status of SACCL will be sustainable.2. SACCL can benefit from being under the management of SLH by utilizing the administrative function of SLH.3. For sustainable development, allocation of appropriate staff is necessary.
(2) Finance	<ol style="list-style-type: none">1.SACCL needs to look into possibility of receiving other incomes. The Philippine side needs to bear the costs and responsibility for sustaining the operation of SACCL.
(3) Technique	<ol style="list-style-type: none">1. In order to maintain the transferred technology and skills of the medical testing, operation manual of Standard Operation Program needs to be produced.

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IV. Necessity or proposition to correct project plan

Necessity or proposition to correct project plan	
1. Short-term proposition	<p>1. DOH needs to formally place SACCL as the National Reference Laboratory for HIV/AIDS, Hepatitis through DO.</p> <p>2. The operation and maintenance of P3 Lab. is needed to be monitored in order to ensure the quality of lab. test.</p> <p>3. The monitoring system for the IEC activities at SHCs is confirmed by the end of the Project.</p>
2. Long-term proposition	<p>1. Since SACCL was recently nominated as the National Reference Lab. for HIV/AIDS and Hepatitis and STI, it needs to further strengthen its role in this field.</p> <p>2. In order to assure the quality of IEC activities at SHCs, the role of SHCs in their advocacy on STI/AIDS prevention e.g. the monitoring function, needs to be further strengthened.</p>

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ANNEX 1

LIST OF FIELDDED JAPANESE EXPERTS

1. Long term experts

- Tokujiro KAMIGATAKUCHI (Project Coordinator)	96.07.01 – 99.09.11
- Hidehiro OTAKE (Public Health)	96.11.18 – 98.03.31
- Motoyuki YUASA (Public Health)	97.06.24 – 99.06.23
- Takashi NAKANO (Virology)	97.06.24 – 99.06.23
- Yoshinori YAMASHIRO (IEC)	98.05.18 – 01.06.30
- Shinji KUSUNOKI (Bacteriology)	98.10.12 – 99.10.11
- Hiroshi TERAOKA (Chief Advisor)	99.04.16 – 01.06.30
- Yoshinori TERASAKI (Project Coordinator)	99.09.01 – 01.06.30
- Shinichi MORIMATSU (Virology)	99.12.23 – 00.12.22
- Yumiko YANASE (Public Health)	00.06.01 – 01.06.30
- Seiji KAGEYAMA (Bacteriology)	00.06.15 – 01.06.30

2. Short term experts

- Takashi KURIMURA (Virology)	96.08.03 – 96.08.06
- Kunikatsu SHOJI (Laboratory Set-up)	96.08.03 – 96.08.09
- Akira FUJIWARA (Laboratory Set-up)	96.08.03 – 96.08.09
- Yoshiaki KUMAMOTO (STD Consultant)	96.09.15 – 96.09.23
- Takashi KURIMURA (Virology)	96.09.20 – 96.09.27
- Takashi KURIMURA (Virology)	97.01.13 – 97.01.22
- Isao SHIRAHASE (Laboratory Facility)	97.01.13 – 97.01.22
- Kenji SODA (Public Health)	97.02.17 – 97.02.25
- Namiko YOSHIHARA (Immunology)	97.09.02 – 97.09.12
- Saisuke IENO (IEC)	98.01.14 – 98.01.30
- Yoshinori YAMASHIRO (IEC)	98.01.14 – 98.02.11
- Yasuhiko SUZUKI (AIDS Opportunistic Infections)	98.02.16 – 98.03.02
- Takashi KURIMURA (Immunology)	98.02.20 – 98.02.28
- Toshikatsu HAGIWARA (STD)	98.08.31 – 98.09.11
- Namiko YOSHIHARA (Immunology)	98.09.07 – 98.09.18
- Yasuhiko SUZUKI (AIDS Opportunistic Infections)	98.09.27 – 98.10.09
- Takashi KURIMURA (Virology)	98.09.27 – 98.10.14
- Motoi WATANABE (Health Education)	99.01.05 – 99.01.30
- Takashi KURIMURA (Virology)	99.04.26 – 99.05.06
- Namiko YOSHIHARA (Immunology)	99.06.07 – 99.06.19
- Toshikatsu HAGIWARA (STD)	99.06.07 – 99.06.19
- Takashi KURIMURA (Virology)	99.09.22 – 99.10.10
- Yoshito EIZURU (Virology)	99.10.04 – 99.10.22
- Takashi KURIMURA (Virology)	99.12.06 – 99.12.15
- Kazuyoshi SUGIYAMA (Virology)	00.04.07 – 00.04.13
- Takashi KURIMURA (Virology)	00.07.20 – 00.07.29
- Yasuhiko SUZUKI (AIDS Opportunistic Infections)	00.09.18 – 00.09.30
- Yoshito EIZURU (Virology)	00.10.02 – 00.10.14
- Takashi KURIMURA (Virology)	00.10.15 – 00.10.25

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ANNEX 2

**List of provided Equipment
Purchased in Philippine Peso in 1996**

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	EPPENDORF 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	Constlant 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

Purchased in Philippine Peso in 1997

Year	No.	Name of Equipment	U/P(Php)	Qty.	Location
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	SACCI
	11	Multichannel pipettor 50-200ul, 8 channel	22,800.00	2	Pasig/Makati
	12	MCA444AB Nikon Alhaphot 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	SACCI
	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 (Hoefler 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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Purchased in Philippine Peso in 1998

Year	No.	Name of Equipment	U/P(Php)	Qty.	Location
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-Calooan&Cavite, SACCL
	11	Pipette 50 - 200 ul	7,883.00	8	SHC-Calooan&Cavite, SACCL
	12	Pipette 200 - 1000 ul	6,000.00	8	SHC-Calooan&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	lomega 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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ANNEX 2

**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		
	2	Wagon (Model - BNTS - 204)	29,300.00	1	
	3	High Speed Micro Centrifuge	982,800.00	1	
	4	Inverted Microscope	521,000.00	2	
	5	CO2 Incubator w/ accessories (BL-321)	1,198,500.00	1	
	6	CO2 Incubator w/ accessories (BL-161)	673,000.00	1	
	7	Ultralow Freezer (Sanyo)	1,158,000.00	1	
	8	Freezer/Refrigerator (Hitachi)	335,000.00	1	
	9	Water Bath "Yamato"	171,000.00	1	
	10	Laboratory Desk	130,000.00	1	
	11	Shelf	132,000.00	1	
	12	Wagon (Model - BNTS - 201)	25,800.00	2	
	13	Autoclave "Tomy" Model: SS-325	466,800.00	1	
	14	Chair - revolving stool w/caster	12,000.00	3	
	15	Closet " Hitachi "	505,000.00	1	
	16	Centrifuge	280,000.00	1	
	17	Ultra Centrifuge	12,639,500.00	1	

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Purchased in Philippine Peso in 1999

Year	No.	Name of Equipment	U/P(Php)	Qty.	Location
1999	1	PCR Apparatus			
		1) Gene Amp 5700 Sequence Detection System	3,899,640.96	1	SACCL
		2) Bio Rad Chef Mapper XA Chiller System	1,791,800.00	1	SACCL
		3) Bio Rad Gel Doc 2000	750,000.00	1	SACCL
	2	Refrigerator	41,500.00	2	Angeles, CMS
	3	Autoclave	195,000.00	2	Tabaco, Bicol R/L
	4	Pipettor			
		200ul	7,883.00	12	STD Sentinel sites
		100ul	7,883.00	12	STD Sentinel sites
	5	Rotator	38,437.00	2	Angeles, Lapulapu
	6	O2 Incubator	53,399.00	2	Angeles, Zamboanga
7	Microscope	34,500.00	34	Social Hygiene Clinics, SACCL	
8	Centrifuge	117,940.00	2	Project 7, Angeles	
9	Airconditioner	44,650.00	4	Project 7, Tabaco	
10	Thermal Cycler 9600	595,000.00	1	Zamboanga, Lapulapu	
11	Toyota REVO Deluxe Diesel	533,000.00	2	SACCL Makati, SLH	

TK.

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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	97/01 – 97/04	Laboratory Diagnosis of HIV/STD
3	MS. CHRISTINE MALATE	PIO, NASPCP	97/01 – 97/02	Communication Media Development
4	MS SUSAN LEAÑO	Med. Tech., SLH	97/02 – 97/05	Laboratory Diagnosis of HIV/STD
5	MS. OFELIA GASPAR	Med. Tech, BRL	97/10 – 98/04	Analysis of Nucleic Acid
6	MS. GLADYS CORTEZ	HEPO, NASPCP	98/01 – 98/05	Communication Media Development
7	DR. MA. THERESA SINGH	Pathologist, SLH	98/02 – 98/08	Laboratory Diagnosis of HIV/STD
8	DR. RONTGENE SOLANTE	Medical Specialist, SACCL	98/11 – 99/02	Opportunistic Infection in AIDS
9	MS. ADELFA ESPANTALEON	Med. Tech, SACCL	99/01 – 99/04	Laboratory Diagnosis of HIV Infection
10	MS.ROSELYN SALVADOR	Health Education & Promotion Officer, AIDS Unit	99/01 – 99/04	Information, Education, Communication
11	MS. MYRNA REYES	Med. Tech III, BRL	99/01 – 99/04	Laboratory Diagnosis of HIV Infection
12	MS. NANCY SUGGANG	Med. Tech., BRL	99/10 – 99/12	Laboratory Diagnosis of HIV Infection
13	MR. JOSEPH CARLO SANGCO	Med. Tech, SACCL	99/11 – 00/02	Laboratory Diagnosis of HIV Infection
14	DR. ROSARIO J. TACTACAN	Med. Officer IV, SLH	00/01 – 00/04	Clinical Management of HIV Infections and AIDS Opportunistic infections

T.K.

Dr

PDME フェイリビリティプロジェクト 実施期間：1996年7月1日-2001年6月30日 対象地域：SACCL 周辺 ターゲットグループ：エイズ対策関係者

作成者：評価調査チーム 作成日：2000年11月16日

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p><Overall Goal> Enhance the STI/AIDS prevention and control strategies.</p> <p><Project Purpose> National and local capacities to address STD-AIDS concern is strengthened</p> <p><Output> 1. Diagnostic capabilities for STI/AIDS of SACCL are fully established.</p>	<p>1-1 The most advanced P3 lab. was established in Philippines. 1-2 National referral system centering SACCL is under establishment in Philippines by the Department Order. 1-3. Another testing lab. is being established by the initiative of local Doctors' Association of Cebu in cooperation with SACCL. 1. Increase in the number of clients/beneficiaries that access STD-AIDS services. 2. Increase in diagnosis and treatment of STD cases. 1-1 Physical requirements of SACCL for Reference Lab. was completed. 1-2 Testing capabilities of SACCL was developed. 1-3 Number of testing in SACCL was increased. 1.4 NASPCP accreditation as reference lab for confirmatory 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 National Reference System is in place through the network with the improved selected model site SHCs such as Makati, Passig, Cavite and Calboon. 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. 2.1 SHCs are able to operate according to established set quality assurance standard. 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. 3.1 By January 2000, an Administrative Order delineating functions and clarifications of interagency is agreed and disseminated. 3.2 National Reference Center policy and SLH mandate confirmed to hospital based services. 3.3 SACCL participants in relevant DOH Task Forces.</p>	<p>1-1 SACCL was accredited as the testing lab. of SLH in the Department Order of DOH and central lab. for national referral system as well. 1-3 Doctors' Association in Cebu is being established local testing lab. SACCL Records SHC Records Laboratory/Clinic Records 1 SACCL Records SHC Records Laboratory/Clinic Records</p>	<p>1. Prevention of STI/AIDS is one of the main issues in the National Health Policy. 2. DOH supports the Hospital as a core hospital.</p> <p>1. DOH and NASPCP formalize accreditation of SACCL as a referral center for confirmatory test of STD/AIDS in Philippines. 1-1 SLH remains to be the National Center for Management for Infectious Diseases. 1-2 Budget for personnel, operation and upgrading of SACCL are continuously allocated.</p>
<p>2. Institutionalization of SACCL into DOH-SLH initiatives by Administration Order is being proceeded in the Philippine Government.</p>	<p>2 Review of Records</p>	<p>2.1 SHCs continue to want upgrading in testing capabilities. 2.2 Budget for operation of SHC is continuously allocated by the local government. 2.3 Information system among SHCs for exchange of data and research is established among at least selected SHCs.</p>	<p>2.1 SHCs continue to want upgrading in testing capabilities. 2.2 Budget for operation of SHC is continuously allocated by the local government. 2.3 Information system among SHCs for exchange of data and research is established among at least selected SHCs.</p>
<p>3. Formulation of the National Reference System is being prepared.</p>	<p>3 Administrative Order signifying mandate Copy of National Policy Minutes of Meeting</p>	<p>3.1 Administration order is agreed. 3.2 Training of STD/AIDS test in SACCL is formalized as the national standard system by DOH.</p>	<p>3.1 Administration order is agreed. 3.2 Training of STD/AIDS test in SACCL is formalized as the national standard system by DOH.</p>

<p>4. SACCL training function on STI/AIDS prevention, diagnosis and treatment is recognized/accredited and courses have been implemented.</p>	<p>4.1 DOH's recognition as STD Training Institution and as HIV Collaborative Training Organization is obtained by 2000. 4.2 Accredited STD Proficiency Training Courses are regularly conducted. 4.3 Accredited Physicians Courses are conducted (e.g. Lab Diagnosis & Management of STD/ HIV & AIDS Opportunistic Infection). 4.4 STD Proficiency testing conducted periodically starting 2000. 4.5 Quality Assurance Program for STD is developed and pilot tested.</p>	<p>4 Administrative Order signifying mandate Number of courses conducted and number of physicians trained Copy of professional courses curriculum Number of med-techs trained</p>	<p>4-1 Effectiveness of the training course of SACCL are recognized by all the SHCs concerning personnel and interest to attend courses is sustained.</p>
<p>5. SACCL Research contribution was maximized.</p>	<p>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 utilization of research results are set-up. 5.3 Relevant researchers with research funds are mobilized for identified needs of SHCs i.e. -Makait community based in-depth study on Syphilis among housewives- Pasig-rising incidence of Chlamydia among commercial service workers. 5.4 Majority of SACCL physicians are able to write up research protocol preparation by end of project.</p>	<p>5 Published research papers</p>	<p>5.1 Budget for referral network of STD/HIV research in SHCs and SACCL is established. 5.2 Infrastructure of the referral network such as information and communication systems are established.</p>
<p>6. Selected SHCs were upgraded in terms of lab. testing, IEC and STD/AIDS management.</p>	<p>6.1 STD/HIV IEC intervention package pilot tested, documented and finalized by 1999 (Educational Package for Health Educators). 6.2 Effectiveness study of Education 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.</p>	<p>6 A copy of the IEC package Copy of IEC study Copies of IEC packages developed</p>	<p>6.1 Budget for producing IEC package and costs for education personnel are continuously allocated. 6.2 IEC program is appreciated by many beneficiaries</p>

Record of Inputs	Plan and Implementation				
	1996	1997	1998	1999	2000
1. Japanese Inputs					
(1) Experts	2	2	2	3	2
Dispatched	0	1	0	4	1
Returned	2	5	6	6	6
Short-term					
(2) Equipment (1,000 yen)	37,418	42,435	101,747	32,208	29,635
(3) C/P Training in Japan	4	3	4	3	3
(4) Local Costs (1,000 yen)	10,003	50,094	43,167	36,253	31,516
2. Philippine Inputs					
(1) Consultants	19	16	16	16	22
(2) Local Costs (1,000 pesos)	7,990	3,380	3,919	10,919	16,429
					(Plan)

<Preconditions>

1. STI/AIDS Prevention Policy is supported by the Philippine Government as the National Priority Health Issue.
2. Prevention of STD/AIDS is understood and accepted by all the people in Philippines and take appropriate measures to the national issue.

<Inputs>

- <Activities>
- 1.1 Integrate STD lab diagnosis of STD at SACCL
 - 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 & plantilla position, budget for maintenance cost and operating expenses
 - 2.2 Establish QA standards to recording & reporting, waste treatment & disposal, supplies, materials & equipment, staff capability in the diagnosis & management. Of cases, facility laboratory and testing
 - 2.3 Provide a procurement system to ensure adequate supply of reagents
 - 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 meeting and feedbacks
 - 2.7 Provide supervision and monitoring of checklist
 - 2.8 Review and re-plan
 - 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 quarter of 1999 for SACCL Roles/Responsibilities and Institutional Arrangement in dissemination of the approval of A.O.
 - 3.3 Present to Execom by 1st quarter of 2000 the revision of the approval of A.O.
 - 3.4 Conduct an Implementation Planning Workshop by the 1st quarter of 2000 on work and financial plan

<p>4.1 Set criteria for eligible Medical Technologists trainees for Professional Training course</p> <p>4.2 Conduct at least 2 STD Training course per year for MTs (Proficiency)</p> <p>4.3 Conduct at least 2 lab Dx & Management on STD/HIV course per year for MDs</p> <p>4.4 Conduct at least 1 Collaborative Training for HIV Proficiency with BRL</p> <p>4.5 Monitor/evaluate all trainees at least once a year</p> <p>4.6 Develop QAP for STD Lab Dx</p> <p>4.7 Collate & disseminate QA results among trainees</p> <p>4.8 Conduct representation activities to obtain DOH and PRC accreditation</p> <p>5.1 Collect & analyze clinical and laboratory data monthly</p> <p>5.2 Make an annual report of SACCL activities</p> <p>5.3 Meet regularly among SACCL staff re: journal club, troubleshooting & data discussion</p> <p>5.4 Invite institutions to exchange research ideas and proposals</p> <p>5.5 Consult regularly with statisticians or epidemiologist</p> <p>5.6 Attend seminars/conferences related to STD/HIV/AIDS</p> <p>5.7 Lean how to make an experiment record, data collection and analysis</p> <p>5.8 Publish at least 1 research paper a year</p> <p>6.1 Produce the IEC package</p> <p>6.2 Train HEPOs of Pasig and Makati</p> <p>6.3 Pre-test the package in Pasig & Makati</p> <p>6.4 Revise the package</p> <p>6.5 Reproduce the revised package</p> <p>6.6 Set criteria for the selection of SHCs</p> <p>6.7 Select SHCs</p> <p>6.8 Train HEPOs of the selected SHCs</p> <p>6.9 Provide IEC equipment to selected SHCs</p> <p>6.10 Distribute the package to selected SHCs</p> <p>6.11 Monitor the use of the package</p> <p>6.12 Conduct joint feedback sessions on the usefulness of the package</p> <p>6.13 Identify and train the field of specialization of cash staff</p>		
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③ 評価表用略語集

ABBREVIATION and ACRONYM

Abbreviation	
AIDS	Acquired Immunodeficiency Syndrome
CMV	Cytomegalo Virus
CSW	Commercial Sex Worker
DO	Department Order
DOH	Department of Health
Dx	Diagnosis
GC	Gonorrhea
HC	Health Center
HEPO	Health Education Promotion Officer
HIV	Human Immunodeficiency Virus
HMDTS	Health Manpower Training services
HSV	Herpes Simplex Virus
IEC	Information Education and Communication
LGU	Local Government Unit
MD	Medical Doctor
MHO	Municipality Health Office
MT	Medical Technician
NASPCP	National AIDS/STD Prevention and Control Program
NGO	Non Governmental Organization
PDM	Project Design Matrix
PHO	Provincial Health Office
PNAC	Philippine National AIDS Council
QC	Quality Control
R/D	Record of Discussions
RHU	Rural Health Unit
SACCL	STD/AIDS Cooperative Central Laboratory
SHC	Social Hygiene Clinic
SLH	San Lazaro Hospital
STI	Sexually Transmitted Infection
SY	Syphilis
TB	Tuberculosis
TRICO	Trichomoniasis
UP-PGH	University of Philippines-Philippine General Hospital

④ 1996年3月実施協議時のPDM(PDMo)

Project Design Matrix for the AIDS Project in the Philippines

Narrative Summary	Verifiable Indicators	Means of Verifiable Indicators	Important Assumptions
<p>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.</p>			<p>The Philippine Government keeps AIDS prevention as a priority</p>
<p>Project Purpose</p> <ol style="list-style-type: none"> 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 		<p>Field survey</p>	
<p>Outputs</p> <ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> 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 		<p>Facilities are provided and the budget for establishing a laboratory is allocated. Commitment of LGUs. Smooth coordination among DOH, LGUs and NGOs.</p>
<p>Activities</p> <ol style="list-style-type: none"> 1-1 Cooperative Central Laboratory (CCL) <ol style="list-style-type: none"> 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 <ol style="list-style-type: none"> 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. <ol style="list-style-type: none"> 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. 	<p>Input</p> <p>Japanese side</p> <ul style="list-style-type: none"> expert <ol style="list-style-type: none"> (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 <p>Philippine side</p> <ul style="list-style-type: none"> counterpart personnel budgeting office space supporting system 		<p>PRE-CONDITIONS</p> <ol style="list-style-type: none"> 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.

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ANNEX 7

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

NARRATIVE SUMMARY	VERIFIABLE INDICATORS	MEANS TO VERIFY	IMPORTANT ASSUMPTIONS
<p><u>Overall Goal:</u> Enhance the STD-AIDS prevention and control strategies.</p>			
<p><u>Project Purpose:</u> National and local capacities to address STD-AIDS concern is strengthened.</p>	<ol style="list-style-type: none"> 1. Increase in the number of clients/beneficiaries that access STD-AIDS services. 2. Increase in diagnosis and treatment of STD cases. 	<p>SACCL Records SHC Records Laboratory/Clinic Records</p>	<p>DOH frame conditions remain favorable to institutionalization.</p>
<p><u>Outputs/Results:</u> 1. Diagnostic capabilities for STD of San Lazaro Hospital is fully established.</p>	<ol style="list-style-type: none"> 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, Syphilis, 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 		<p>SLH remains to be a National Center for Management of Infectious Diseases. Facilities are provided and Budget for establishing a lab is allocated.</p>

NARRATIVE SUMMARY	VERIFIABLE INDICATORS delivery are tested by year 2000.	MEANS TO VERIFY	IMPORTANT ASSUMPTIONS
<p>2. Selected SHCs upgraded in terms of lab testing, IEC, STD management</p>	<p>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.</p>	<p>Review of Records</p>	<p>SHCs continue to want upgrading in testing capabilities.</p>
<p>3. Institutionalization of SACCL into DOH-SLH initiated.</p>	<p>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.</p>	<p>Administrative Order signifying mandate. Copy of National policy Minutes of Meeting</p>	
<p>4. SACCL Training function on STD/HIV prevention diagnosis and treatment is recognized/accredited and courses are implemented.</p>	<p>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.</p>	<p>Administrative Order signifying mandate. Number of courses conducted and number of physicians trained. Copy of professional courses curriculum Number of med-techs trained.</p>	<p>SHCs interest to attend courses is sustained</p>

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NARRATIVE SUMMARY	VERIFIABLE INDICATORS	MEANS TO VERIFY	IMPORTANT ASSUMPTIONS
<p>5. SACCL Research contribution is maximized.</p>	<p>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 utilization 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 Syphilis 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.</p>	<p>Published research papers</p>	<p>SHCs willing to continue the activities for upgrading.</p>
<p>6. Support to NASPCP IEC activities in selected SHCs provided.</p>	<p>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</p>	<p>A copy of the IEC package. Copy of IEC Study Copies of IEC packages developed</p>	

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<p>RESULT 1: Diagnostic capability for STD of San Lazaro Hospital is fully established.</p> <p>ACTIVITIES:</p> <ol style="list-style-type: none"> 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. 	<p>RESULT 2: Selected SHCs upgraded in terms of lab testing, IEC, STD management</p> <p>ACTIVITIES:</p> <ol style="list-style-type: none"> 2.1. Formulate work & financial plan to include MOA & plantilla 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 reagents. 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. 	<p>RESULT 3: Institutionalization of SACCL into DOH-SLH initiated.</p> <p>ACTIVITIES:</p> <ol style="list-style-type: none"> 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. 	<p>RESULT 4: SACCL Training function on STD/HIV prevention diagnosis and treatment is recognized/accredited and courses are implemented.</p> <p>ACTIVITIES:</p> <ol style="list-style-type: none"> 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. 	<p>RESULT 5: SACCL Research contribution is maximized.</p> <p>ACTIVITIES:</p> <ol style="list-style-type: none"> 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. 	<p>RESULT 6: Support to NASPCP IEC activities in selected SHCs provided.</p> <p>ACTIVITIES:</p> <ol style="list-style-type: none"> 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.
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⑥ 両国の投入状況

Inputs to the Project

Inputs		Plan and Implementation				
		1996	1997	1998	1999	2000
1. Japanese Inputs						
1) Experts	Long Term					
	Dispatched	2	2	2	3	2
	Returned	0	1	0	4	1
	Short Term	8	5	5	6	6
2) Equipment	(1,000 yen)	37,418	42,435	101,747	32,208	29,635
3) No. of C/P trained in Japan		4	3	4	3	3
4) Local Costs	(1,000 yen)	10,003	50,094	43,167	36,253	31,516
2. Philippine Inputs						
1) No. of Counterparts		19	16	16	16	22
2) Local Costs	(1,000 Pesos)	7,990	3,380	3,919	10,919	16,429
Remarks						(Planned)

Source : SACCL

⑦ SACCLの外来患者の推移

STD/AIDS COOPERATIVE CENTRAL LABORATORY
OUT-PATIENT CENSUS July 1997 – October 2000

	1997 July -December	1998	1999	2000 up to October
Total Patients	111	612	1221	1037
*Referral	44	243	488	362
Walk-in	67	369	733	675

- Referrals =
 - a. government hospitals / health centers etc:
UP-PGH, Jose Reyes Memorial Medical Center, Ospital Ng Maynila
Tondo General Hospital, Batangas General Hospital, Quezon City
General Hospital, Manila Sanitarium,
Social Hygiene clinics: Pasig, Makati, Caloocan, Olongapo, Palawan,
Valenzuela, Bicol, Davao, Cavite, Pasay,
 - b. private institutions:
Arguelles, St. Peter-Paul, SM Lazo, PMTSI, Seaman's Hospital, Physician
Diagnostic, Sagrada Corazon, St. Patrick, Family Clinic, Perpetual Help

SUMMARY OF LABORATORY CENSUS
1997 - 2000 (January - October)

Examination/s:	1997	1998	1999	2000
I. HIV	169	1042	514	656
a. Walk-In	35	136	404	263
b. Referral	6	829	104	49
c. Research	128	77	6	344
II. SY	498	2222	2710	1929
a. Walk-In	211	632	1204	639
b. Referral	147	571	501	455
c. Research	140	1019	1005	835
III. Chlamydia	638	2712	1380	1265
a. Walk-In		37	49	44
b. Referral		17	78	29
c. Research	638	2658	1253	1189
IV. GC	918	1595	2361	1265
a. Walk-In	24	157	290	200
b. Referral	8	40	40	1
c. Research	886	1398	1972	1092
V. Hepatitis B		87	41	250
a. Walk-In		19	15	24
b. Referral		68	26	24
c. Research		0	0	202
VI. Bacterial vaginosis	3	8	448	917
a. Walk-In	1	1		
b. Referral	2	7		
c. Research			448	917

Examinations	1997	1998	1999	2000
VII. Candida	1	120	34	943
a. Walk-In	1	35	21	16
b. Referral		3	12	
c. Research		82		927
VIII. Trichomonas	1	131	470	416
a. Walk-In		27	19	13
b. Referral	1	12		2
c. Research		92	451	401
IX. HSV		21	15	25
a. Walk-In		14	6	17
b. Referral		7	9	8
c. Research				
X. CMV		12	6	13
a. Walk-In				
b. Referral		12	6	13
c. Research				
XI. TB		13	407	257
a. Walk-In		11		
b. Referral		2	363	198
c. Research			44	30
XII. Urinalysis	140	96	182	240
a. Walk-In	11	67	182	240
b. Referral	13	29		
c. Research	116			
GRAND TOTAL	2368	8059	8506	8204

LIST of SHC (Social Hygiene Clinic)

SHC with Full Assistance (Lab./IEC Equipment)	SHC with Partially Assistance (STI Sentinel Sites)	SHC with Minimal Assistance (Training and Microscope)
1. Cavite SHC	1. Bicol Regional Lab.	1. Cebu Med. Society
2. Caloocan SHC	2. Angeles SHC	2. PGM
3. Makati SHC	3. Davao SHC	3. SLH
4. Pasig SHC	4. Cebu SHC	4. Zambales SHC
	5. Tabaco Albay	5. Bularan SHC
	6. Gen. Santos	6. Tarlac SHC
	7. Queson City Pros. 7	7. Olongapo SHC
	8. Zamboang	8. Subic SHC
		9. Cabanatuan
	Other Sentinel Sites	10. Palangi SHC
	1) Legaspi	11. Palangi SHC
	2) Lapu-Lapu	12. Naga SHC
	3) Bacolod	13. Canaman SHC
	4) Iloilo	14. Pili SHC
		15. Dipolog SHC
		16. Digos SHC
		17. Panabo SHC
		18. Valenzuela SHC
		19. Taguig SHC

Source : SACCL

SUMMARY REPORT OF SACCL TRAINING As of November 15, 2000

STD AIDS Cooperative Central Laboratory (SACCL) was established in July 1996 by the Japanese and the Philippine government represented by Japan International Cooperation Agency (JICA) and the Department of Health (DOH) to help in the prevention and control of STD/HIV and AIDS in the Philippines. The main functions of which are for diagnosis, training, research and surveillance; for upgrading of selected social hygiene clinics in the diagnosis of STD and HIV/AIDS and to assist NGO/LGU in IEC activities.

1. RESULT OF PREVIOUS TRAINING

SACCL have been conducting training since 1997 up to present. The purpose of the training is to upgrade the knowledge and skills of Medical technologists, physicians, and nurses actively engaged in the prevention and control of STIs with adequate understanding and techniques in the performance of laboratory procedures in the diagnosis of Sexually Transmissible Infections.

A total of seventeen (17) trainings (see Table 1) with three hundred eighty nine (389) participants were trained from different regions of the Philippines composed of 148 physicians, 149 medical technologists, 89 nurses and 3 midwives on the basic laboratory diagnosis and management of STIs. Most of the trainees were from social hygiene clinics, rural health units, and district/provincial/government hospitals handling patients with STIs.

2. MONITORING ACTIVITIES/REPORT

The staff of SACCL conducted monitoring activities for the previous trainees (see Table 2). Monitoring is being done to ensure that appropriate and high quality STI related health services are provided to all patients seeking consultation at the SHCs and other rural health units. It is also done to standardize the laboratory procedures, reporting and interpretations of results for proper STI laboratory diagnosis and management.

A total of 51 (46.0%) social hygiene clinics, rural health units and regional/provincial hospitals were visited to assess what the trainees have done after the training. On the laboratory aspect, as a result of the proper specimen collection done by the nurses, the processing and reporting of the laboratory tests of the different STIs performed by the medical technologists was greatly improved as shown in the increased in the numbers of the reported cases in about 80.0% of the total SHCs trained. Lack of reagents is a common problem encountered among all the SHCs visited thereby resulting in the interruption of

laboratory services. Almost all of the physicians with the standardization on the manner of reporting and interpretation of laboratory results were able to provide early diagnosis and adequate management on all STIs patients. Social hygiene clinics in the provinces had started referral system with its nearest regional laboratory or hospitals while the NCR SHCs refer to SACCL.

3. JUSTIFICATION OF TRAINING

There is still a need to continue on with this type of training because SACCL is in the process of standardizing the laboratory tests in terms of processing, manner of reporting and interpretation of laboratory results in the diagnosis and management of STIs among SHCs and other rural health units in the Philippines. JICA had been funding all the previous training of SACCL. But Women's Health and Safe Motherhood Project had started collaborating with SACCL this year to help them with the training of their priority sites on the diagnosis and management of STIs. There are about 148 SHCs and RHUs in the country and 91 Hospitals/RHUs Women's Health and Safe Motherhood Project Priority Sites. So far only 80 (54.0%) SHCs and 29 (31.8%) hospital STI labs were trained by SACCL. There are still 68 SHCs lab and 62 hospital STI labs registered in the list that needs to be trained.

Prepared by:



MA. THERESA A. SINGH, MD

Table 1. SACCL TRAININGS 1997- 2000

YEAR	DATE/VENUE	TITLE OF COURSE	TRAINEES
1. 1997	Sept 1-12, 1997 (10 days) Venue: SACCL, Manila	1 st SACCL Training Course for Medical technologists on the "Diagnosis of Sexually Transmitted Diseases and HIV/AIDS" <ul style="list-style-type: none"> • MTs from Different Regions 	Total number of participants: 15 trainees MTs (15) From diff. Regions
2. 1998	June 22 – July 3, 1998 (10 days) Venue: SACCL, Manila	1 st SACCL Training Course for Physicians "Diagnosis and Management of HIV/AIDS and STDs" <ul style="list-style-type: none"> • SLH & SHCs MDs 	Total numbers of participants: 14 trainees MDs (14) From SHCs & Govt. Hosp.
3. 1998	Sept 7 – 18, 1998 (10 days) Venue: SACCL, Manila	2 nd Training Course for Medical Technologists "Laboratory Diagnosis of STD and HIV/AIDS" (Proficiency Workshop on HIV) <ul style="list-style-type: none"> • HIV Sentinel Sites 	Total number of participants: 18 trainees MTs (18) From HIV Sentinel sites
4. 1998	Dec 7 – 11, 1998 (5 days) Venue: SACCL, Manila	4 th Training Course on the "Basic Laboratory Diagnosis of STDs and HIV/AIDS: A Team Approach" for Region III SHCS Physicians and Medical Technologists <ul style="list-style-type: none"> • Region III SHCs/RHUs 	Total number of participants: 14 trainees MDs (7) MTs(7) From Region III SHCs
5. 1999	June 14-17, 1999 (4 days) Venue: Davao City	5 th SACCL Training Course "Basic Laboratory Diagnosis of STDs and HIV/AIDS: A Team Approach" for Region XI RHUs and SHCs Physicians, Medical technologists and Nurses <ul style="list-style-type: none"> • Region XI SHCs/RHUs 	Total number of participants: 19 Trainees MDs (6) MTs (11) Nurses (2) From Region XI SHCs and RHUs
6. 1999	Aug 23-27, 2000 (5 days) Venue: Santo Domingo, Albay	6 th SACCL Training Course "Basic Laboratory Diagnosis of STDs and HIV/AIDS: A Team Approach" for Region V SHCs Physicians, Medical technologists and Nurses <ul style="list-style-type: none"> • Region V SHCs/ RHUs 	Total number of trainees: 29 Participants: MDs (10) MTs (10) Nurses (9) From Region V SHCs

YEAR	DATE/VENUE	TITLE OF COURSE	TRAINEES
7. 2000	Feb 14 –18, 2000 (5 days) Venue: SACCL, Manila	7th SACCL Training Course “Laboratory Diagnosis and Management of STD and HIV/AIDS: A Team Approach” for NCR SHCs Physicians/Nurses and Medical technologists • From diff. NCR SHCs/RHUs	Total number of participants: 24 trainees MDs (9) MTs (7) Nurses (8) From diff. NCR Regions
8. 2000	Feb 28- Mar 3, 2000 (5 days) Venue: Palm Plaza Hotel, Manila	8 th SACCL Training Course “Laboratory Diagnosis and Management of STIs and HIV/AIDS: A Team Approach” for STI sentinel sites Physicians/Nurses and Medical technologists • STI Sentinel sites	Total numbers of participants: 24 trainees MDs (8) MTs (8) Nurses (8) From STI sentinel sites
9. 2000	Mar 20-24, 2000 (5 days) Venue: SACCL, Manila	9 th Training Course “Basic Laboratory Diagnosis and Management of STI and HIV/AIDS: A Team Approach” for Region IX Health Care Workers (Collaboration with Women’s Health and Safe Motherhood Project [WHSMP]) • Region IX SHCs/RHUs	Total number of participants: 20 trainees MDs (6) MTs (6) Nurses (8) From Region IX
10. 2000	April 24 - 28, 2000 (5 days) Venue: SACCL, Manila	10 th Training Course on the “Basic Laboratory Diagnosis of STDs and HIV/AIDS: A Team Approach” for NCR RHUs and SHCs Physicians/Nurses and Medical Technologists • NCR SHCs/RHUs (2 nd batch)	Total number of participants: 24 trainees MDs (10) MTs (8) Nurses (5) MW (1) From NCR
11. 2000	May 22-26,2000 (5 days) Venue: Puerto Princesa, Palawan	11 th SACCL Training Course “Basic Laboratory Diagnosis of STDs and HIV/AIDS: A Team Approach” for Palawan SHCs and RHUs Physicians, Medical technologists and Nurses (Collaboration with WHSMP) • Palawan RHUs/Hosp	Total number of participants: 29 Trainees MDs (6) MTs (11) Nurses (2) From Palawan RHUs, SHCs and Hospitals

YEAR	DATE/VENUE	TITLE OF COURSE	TRAINEES
12. 2000	June 5 - 9, 2000 (5 days) Venue: SACCL, Manila	12 th SACCL Training Course “Laboratory Diagnosis and Management of STIs and HIV/AIDS: A Team Approach” for Government Physicians • UP-PGH/OM/SLH (Govt. Hosp)	Total number of participants: 20 trainees MDs (20) From Government Hosp
13. 2000	July 10 - 14, 2000 (5 days) Venue: SACCL, Manila	13 th SACCL Training Course “Laboratory Diagnosis and Management of STIs and HIV/AIDS: A Team Approach” for Aklan RHUs and SHCs Physicians/Nurses and Medical technologists (Collaboration with WHSMP) • Aklan RHUs/SHCs/Hosp	Total numbers of participants: 23 trainees MDs (7) MTs (6) Nurses (8) MW (2) From Aklan RHUs, SHCs and hospitals
14. 2000	Aug 14-18,2000 (5 days) Venue: SACCL, Manila	14 th SACCL Training Course “Laboratory Diagnosis and Management of STIs and HIV/AIDS: A Team Approach” for Isabela RHUs and SHCs Physicians/Nurses and Medical technologists (Collaboration with WHSMP) • Isabela RHUs/SHCs/Hosp	Total numbers of participants: 25 trainees MDs (9) MTs (9) Nurses (7) From Isabela RHUs, SHCs and hospitals
15. 2000	Sept 11-15, 2000 (5 days) Venue: Tagbilaran, Bohol	15 th SACCL Training Course “Laboratory Diagnosis and Management of STIs and HIV/AIDS: A Team Approach” for Bohol RHUs and SHCs Physicians/Nurses and Medical technologists (Collaboration with WHSMP) • Bohol RHUs/Hosp	Total numbers of participants: 31 trainees MDs (10) MTs (11) Nurses (10) From Bohol RHUs, and hospitals

16. 2000	Sept 25-29,2000 (5 days) Venue: SACCL, Manila	16 th SACCL Training Course “Laboratory Diagnosis and Management of STIs and HIV/AIDS: A Team Approach” for Pangasinan RHUs and SHCs Physicians/Nurses and Medical technologists <i>(Collaboration with WHSMP)</i> • Pangasinan RHUs/Hosp	Total numbers of participants: 28 trainees MDs (10) MTs (8) Nurses (10) From Pangasinan RHUs and hospitals
17. 2000	October 23-27, 2000 (5 days) Venue: SACCL, Manila	17 th SACCL Training Course “Laboratory Diagnosis and Management of STIs and HIV/AIDS: A Team Approach” for Pangasinan RHUs and SHCs Physicians/Nurses and Medical technologists <i>(Collaboration with WHSMP)</i> • Leyte RHUs/Hosp	Total numbers of participants: 26 trainees MDs (11) MTs (10) Nurses (5) From Leyte RHUs and hospitals
TOTAL	SACCL.... 13 Outside SACCL 4 - Bicol - Davao - Palawan - Bohol	17 Trainings 10..... JICA funded 7 WHSMP-JICA collaboration	Trainees: 389 MDs 148 MTs 149 Nurse 89 Midwives 3

Table 2. LIST OF SHCS/RHUS MONITORED:

REGION	SITES	
1. Region I	Dagupan SHC	
2. Region II	Isabela	
3. Region III	San Antonio, Zambales Bocaue, Bulacan Tarlac SHC Cabanatuan SHC	Olongapo SHC Subic SHC Angeles City SHC
4. Region IV	Cavite SHC Palawan CHO Brooke's Point MHO	Palawan PHO Narra MHO
5. Region V	Sorsogon MHO Legazpi SHC Naga SHC Canaman SHC Bico Medical Hosp	Polangui SHC Pili SHC Daraga SHC Tabaco SHC Legazpi Regional Lab
6. Region VI	Bacolod San Carlos, Bacolod Talisay SHC Manadue SHC	Cadiz SHC Cebu CHO Lapu-Lapu Toledo SHC
7. Region IX	Zamboanga SH	
8. Region XI	Davao MHO Davao SHC Tagum CHO Panabo MHU General Santos Health Services	Davao CHO Davao Medical Center Digos RHU
9. NCR	Pasig SHC Valenzuela HO Taguig SHC Malabon HO QC Bernardo SHC Mandaluyong CHO	Makati SHC Caloocan SHC Navotas HO Proj. 7 SHC Las Pinas CHO
10. NGO	ReachOut	Remedios

⑪ 派遣専門家リスト

長期派遣		派遣専門家一覧表	出発日	帰国日
		専門分野		
上瀉口	徳次郎	業務調整	1996.7.1	1999.9.11
大竹	英博	公衆衛生	1996.11.18	1998.3.31
湯浅	資之	公衆衛生	1997.6.24	1999.6.23
中野	隆史	ウイルス学	1997.6.24	1999.6.23
山城	吉徳	IEC	1998.5.18	2001.6.30
楠	伸治	細菌学	1998.10.12	1999.10.11
寺岡	宏	チーフアドバイザー	1999.4.16	2001.6.30
寺崎	義則	業務調整	1999.9.1	2001.6.30
森松	伸一	ウイルス学	1999.12.23	2000.12.22
築瀬	有美子	公衆衛生	2000.6.1	2001.6.30
景山	誠二	細菌学	2000.6.15	2001.6.30
短期派遣				
藤原	彬	ラボラトリー整備	1996.8.3	1996.8.10
栗村	敬	ウイルス学	1996.8.3	1996.8.6
庄子	國勝	ラボラトリー整備	1996.8.3	1996.8.10
熊本	悦明	性感染症	1996.9.15	1996.9.23
栗村	敬	ウイルス学	1996.9.20	1996.9.22
栗村	敬	ウイルス学	1997.1.13	1997.1.22
白波瀬	勲	ラボラトリー整備	1997.1.13	1997.1.22
曾田	研二	公衆衛生	1997.2.17	1997.2.25
吉原	なみ子	免疫学	1997.9.2	1997.9.12
山城	吉徳	IEC	1998.1.14	1998.2.11
家野	宰輔	IEC	1998.1.14	1998.1.30
鈴木	定彦	日和見感染症	1998.2.17	1998.3.3
栗村	敬	免疫学	1998.2.20	1998.2.28
萩原	敏且	性感染症	1998.8.31	1998.9.11
吉原	なみ子	免疫学	1998.9.7	1998.9.18
栗村	敬	ウイルス学	1998.9.27	1998.10.14
鈴木	定彦	日和見感染症	1998.9.27	1998.10.9
渡部	基	公衆衛生・健康教育	1999.1.5	1999.1.30
栗村	敬	ウイルス学	1999.4.26	1999.5.5
吉原	なみ子	免疫学	1999.6.7	1999.6.19
萩原	敏且	性感染症	1999.6.7	1999.6.19
栗村	敬	ウイルス学	1999.9.22	1999.10.2
榮鶴	義人	ウイルス学	1999.10.4	1999.10.22
栗村	敬	ウイルス学	1999.12.6	1999.12.15
杉山	和良	ウイルス学	2000.4.7	2000.4.13
栗村	敬	ウイルス学	2000.7.20	2000.7.29
鈴木	定彦	日和見感染症	2000.9.18	2000.9.30
榮鶴	義人	ウイルス学	2000.10.2	2000.10.14
栗村	敬	ウイルス学	2000.10.15	2000.10.25

⑫ カウンターパート研修員リスト

List of Trained Filipino Project Counterparts

評価調査団派遣時までの実績

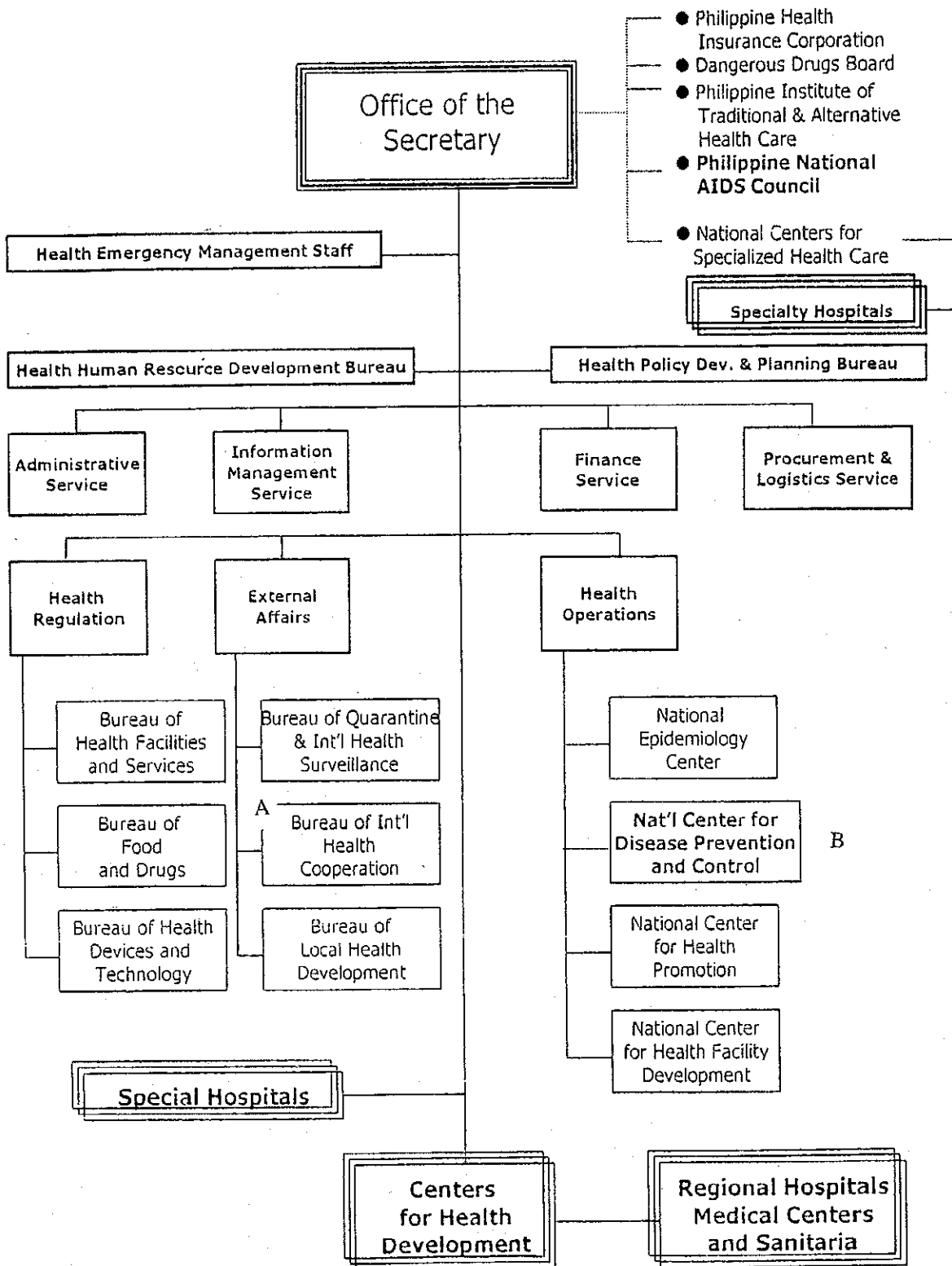
No.	Name	Title	Term	Field	研修先
1	DR. MA. LIZA CASTRO	Med. Specialist, AIDS Unit	96/10 -96/12	Planning & Management of AIDS Program	結核研究所
2	DR. DOROTHY AGDAMAG	Laboratory Chief, SLH	97/01 -97/04	Laboratory Diagnosis of HIV/STD	大阪大学微生物研究所
3	MS. CHRISTINE MALATE	PIO, NASPCP	97/01 -97/02	Communication Media Development	SONY
4	MS SUSAN LEA O	Med. Tech., SLH	97/02 -97/05	Laboratory Diagnosis of HIV/STD	阪大微研/熊本大学病院
5	MS. OFELIA GASPAP	Med. Tech., BRL	97/10 -98/04	Analysis of Nucleic Acid	大阪府立公衆衛生研究所
6	MS. GLADYS CORTEZ	HEPO, NASPCP	98/01 -98/05	Communication Media Development	JICA沖繩研修センター
7	DR. MA. THERESA SINGH	Pathologist, SLH	98/02 -98/08	Laboratory Diagnosis of HIV/STD	塩野義製薬
8	DR. RONTGENE SOLANTE	Medical Specialist, SACCL	98/11 -99/02	Opportunistic Infection in AIDS	国立大阪病院
9	MS. ADELFA ESPANTALEON	Med. Tech., SACCL	99/01 -99/04	Laboratory Diagnosis of HIV Infection	国立感染症研究所
10	MS. ROSELYN SALVADOR	Health Education & Promotion Officer, AIDS Unit	99/01 -99/04	Information, Education, Communication	JICA沖繩研修センター
11	MS. MYRNA REYES	Med. Tech III, BRL	99/01 -99/04	Laboratory Diagnosis of HIV Infection	島根公衆衛生研究所
12	MS. NANCY SUGGANG	Med. Tech., BRL	99/10 -99/12	Laboratory Diagnosis of HIV Infection	国立感染症研究所
13	MR. JOSEPH CARLO SANGCO	Med. Tech., SACCL	99/11 -00/02	Laboratory Diagnosis of HIV Infection	大阪医科大学
14	DR. ROSARIO J. TACTACAN	Med. Officer IV, SLH	00/01 -00/04	Clinical Management of HIV Infections and AIDS Opportunistic infections	国立大阪病院

今後の派遣予定

No.	Name	Title	Term	Field	研修先
15	DR. AMELITO S. ADEL	Med. Officer, SLH	01/02 -01/05	Clinical Management of HIV / AIDS	国立大阪病院
16	DR. EDITH SANGALANG TRIA	Medical Specialist, SLH	01/03 -01/06	Laboratory Diagnosis of STD / HIV Infection	長崎中央病院
17	MS. RAZEL LUBO KAWANO	Med. Tech., SLH	01/03 -01/06	Laboratory Diagnosis of STD / HIV Infection	国立感染症研究所

⑬ 保健省組織図

NEW ORGANIZATIONAL CHART OF THE DEPARTMENT OF HEALTH



Source: Health Policy Development Service
Department of Health, August 2000

A : 本プロジェクトのフィリピン側ディレクター
B : プロジェクトマネジャー

⑭ 現地国内研修概要

現地国内研修概要

実施国 フィリピン 分野分類 保健・医療

案件名 エイズ等診断及び管理
Diagnosis and Management of HIV Infection / AIDS and Other STDs

実施機関名 保健省 熱帯医学研究所
Research Institute for Tropical Medicine, Department of Health

R/D	R/D種類	署名交換日	協力期間	通算期間	定員
		1995.10.19	1995年～1999年	5年	

設立経緯 1993年7月の日米包括経済協定及び1994年2月の日米首脳会談における「地球的規模問題（人口/エイズ）Global Issues Initiative (GII) on Population and AIDS」についての合意を受け、日本政府は両分野における政府開発援助として、人口家族計画及びエイズ対策に関する協力を積極的に推進し、1994会計年度から2000会計年度までの7年間にODAとして総額30億ドルを供与することを表明した。

フィリピンは上記GII対象国であり、94年3月同国におけるエイズの免疫的状況と係る政策の現状を調査分析し、当該分野におけるわが国の協力計画の策定に資することを目的とした調査団（フィリピン共和国エイズ対策基礎調査団）が派遣された。同調査の結果、フィリピン熱帯医学研究所を実施機関として、フィリピン国内のエイズ対策関係者に、正しいエイズ等の検査、診断及び管理に関する研修が必要であることが報告された。

95年5月に、フィリピン政府より正式に、上記第二国研修の実施についての要請があり、わが国は本件要請に基づき同年8月に事前調査団を派遣した。その結果、エイズ等の検査、診断及び管理に従事する医師、看護婦、ソーシャルワーカー、検査技師等を対象とした研修を5年にわたり実施することとなった。

上位目標 フィリピン国内の医師、看護婦、ソーシャルワーカー、検査技師をチームで訓練することにより、フィリピン国内の各地域におけるHIV/エイズ及びSTDに関する診断及び管理体制を強化する。

現地国内研修 概要

- | | |
|------------|---|
| 研 修
目 標 | <ul style="list-style-type: none"> (1) HIV感染症/エイズ及び他のSTDにおける、病因、疫学、病理学の一般的な知識を習得する。 (2) HIV感染症エイズ及び他のSTDに関する予防、診断及び管理にかかる適切な知識と技術を修得する。 (3) HIV感染症エイズ及び他のSTDに関する社会的、経済的、倫理的、そして方位学的な問題を理解する。 |
|------------|---|

- | | |
|------------|--|
| 研 修
内 容 | <ul style="list-style-type: none"> (1) HIV感染症/エイズ及び他のSTDにおける、病因、疫学、病理学に係る講義 (2) HIV感染症エイズ及び他のSTDに関する予防、診断及び管理にかかる技術移転 (3) HIV感染症エイズ及び他のSTDに関する社会的、経済的、倫理的、そして方位学的な問題についての講義 |
|------------|--|

- | | |
|--------------|---|
| 研 修
対 象 者 | <ul style="list-style-type: none"> (1) 所属先機関より推薦を受けた者 (2) エイズ等診断及び患者の管理業務に携わっている医師、看護婦、ソーシャルワーカー、検査技師およびNGOワーカー (3) 大学卒業程度あるいは同等の学力を有する者 |
|--------------|---|

特 記
事 項

関 連 事 業	<u>関連案件スキーム</u>	<u>関連案件名</u>	<u>協力年度</u>
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⑮ 第三国研修概要

第三国集団研修概要

実施国 フィリピン 分野分類 保健・医療

案件名 HIV感染及び日和見感染症の診断技術
Laboratory Diagnosis of HIV and Opportunistic Infections in AIDS

実施機関名 熱帯医学研究所
Research Institute for Tropical Medicine (RITM)

R/D	R/D種類	署名交換日	協力期間	通算期間	定員
	当初	1997. 9.30	1997年～2001年	5年	実施国 0名 周辺国 15名 計 15名

割当国	R/Dに記載のある国	追加された国	削除された国
	インドネシア マレーシア タイ カンボディア ラオス ヴィエトナム ミャンマー 中国 大韓民国 バングラデシュ インド ネパール パキスタン スリ・ランカ フィジー	パプア・ニューギニア ソロモン諸島 トンガ ヴァヌアツ サモア	2001 大韓民国

設立経緯 アジア・太平洋地域におけるHIV感染者数は95年現在255万人と推定されており、WHOによれば、同地域は21世紀までに世界のなかで最も感染者が多くなると推定されている。しかし、多くの国では感染診断技術や調査方法が確立されていないことから、実際の感染者数と報告数には大きな開きがあるといわれており、感染者の管理・治療、安全な血液および血液製剤の供給、感染防止、住民教育といった感染経路対策を行う上で、検査技術の教育・研修により正確な感染の状況を掴むことは重要な課題になっている。

一方、フィリピン国においては、我が国の無償資金協力により、保健省管轄下の感染症研究機関として、熱帯医学研究所(RITM)が建設され、引き続きプロジェクト方式技術協力が実施されて、アジア・太平洋地域に共通する感染症の研究が行われてきた。その後、エイズの流行に伴い、RITM内部にエイズ研究グループが発足し、今日フィリピン国内におけるエイズ対策の中核機関としての役割を果たしている。

RITMでは、プロジェクト方式技術協力によって培った技術を広く周辺国に移転することを目的として、感染症の診断技術を向上させるための第三国集団研修「熱帯医学」を1987年度より1996年度までの10年間にわたり実施してきた。同コースでは、1992年度以降カリキュラムにHIV感染診断が取り入れられている。

「熱帯医学」が協力期間を終了するにあたり、フィリピン政府がHIV感染および日和見感染症の診断技術向上を目的とした本コースの実施を提案したことを受け、1997年7月に事前調査を実施し、同年9月にR/Dに署名交換したものである。

上位目標 ヒト免疫不全ウイルス感染とエイズ発症による日和見感染症を診断するための知識・技術を向上させることにより、アジア・太平洋地域のエイズ対策に貢献することを目的とする。

第三国集団研修概要

- 研修目標
- (1) HIVの生物学的性質、感染と免疫系に対する影響を理解する。
 - (2) HIVの感染ルートと予防法について理解する。
 - (3) エイズ患者の日和見感染症について理解する。
 - (4) HIV抗体スクリーニング法を習得する。
 - (5) HIV感染診断におけるPCR法、抗原検査法、ウイルス分離法の重要性と限界について理解する。
 - (6) エイズ発症により日和見感染を起こす細菌類、真菌類、原虫類、病原性ウイルス類の検査方法について理解し、検査技術を習得する。
 - (7) 抗生物質、抗結核剤感受性について理解し、検査技術を習得する。
 - (8) 検査室内における血液、体液の取り扱いその他感染の可能性のある物質の取扱方法について理解す

- 研修内容
- (1) HIVスクリーニング方法
 - (2) HIV分離とPCR法
 - (3) 日和見感染症診断技術
 - (4) エイズ予防ガイドライン
 - (5) 現場視察

- 研修対象者
- (1) 割当国政府に推薦されたもの
 - (2) メディカルテクノロジー分野での学士号以上
 - (3) 医師もしくは関連職種
 - (4) クリニカルマイクロバイオロジー若くはHIV実験室での経験2年以上
 - (5) 当該分野における調査、訓練、運営管理、診断業務に従事しており、研修修了後も同様の業務を担当するもの
 - (6) 年齢40歳未満
 - (7) 英語に堪能なもの

特記事項

関連事業	関連案件スキーム	関連案件名	協力年度
	無償資金協力	フィリピン熱帯医学研究所施設設立計画	1979
	プロジェクト方式技術協力	熱帯医学研究所	1980.10 ~ 1988.3
	第三国集団研修	熱帯医学 (フェーズI)	1987年度 ~ 1991年度
	第三国集団研修	熱帯医学 (フェーズII)	1992年度 ~ 1996年度

JICA